



KUMPULAN JURNAL

**HUBUNGAN ANTARA *BODY IMAGE* DENGAN
PERILAKU DIET PADA MAHASISWI**

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DAFTAR ISI

| No. | Judul | Nama penulis | Penerbit | Tahun Terbit |
|-----|--|--|------------------------------------|--------------|
| 1. | Hubungan antara citra tubuh dengan pengungkapan diri remaja awal kelas VII | Samosir, D. T. P., Sawitri, D. R. | Jurnal Empati | 2015 |
| 2. | Faktor-faktor pendorong perilaku diet tidak sehat pada wanita usia dewasa awal studi kasus pada mahasiswa universitas mulawarman | Abdurrahman, F. | eJournal Psikologi | 2014 |
| 3. | The Relationship Between Resilience and Body Image in Collage Women | McGrath, R. J., Julie, W., Caron, R. M. | Journal of Health | 2009 |
| 4. | Classroom Approach for Managing Dietary Restraint, Negative Eating Styles, and Body Image Concerns Among College Women | Hawks, S. R., Madanat, H., Smith, T., Cruz, N. D. L. | Journal of American College Health | 2008 |
| 5. | Media Effects on Body Image: Eamining Media Exposure in The Broader Context of Internal and Other Social Factors | Vandoren, K. E. V., Kinnally, W. | Journal American Communication | 2012 |
| 6. | Body Image perceptions: Do gender Differences Exist? | Brennan, M. A., Lalonde, C. E., Bain, J. L. | Journal Psikologi | 2010 |
| 7. | Body Image of Patiens with | Benninghoven, D., | Journal of Body Image | 2007 |

| | | | | |
|-----|---|--|--------------------------------|------|
| | Anorexia Nervosa, Bulimia Nervosa and Female Control Subjects: A Comparison With Mslr Ideals of Female Attractiveness | Raykowski, L., Solzbacher, S., Kunzendorf, S., Jantschek, G. | | |
| 8. | Hubungan Citra Tubuh dengan Perilaku Diet pada Remaja Putri di SMA Negeri Manado | Lintang, A., Ismanto, Y., Onibala, F. | eJournal Keperawatan | 2015 |
| 9. | Hubungan Antara <i>Body Image</i> dan Perilaku Diet Mahasiswi Universitas Esa Unggul | Irawan, S. D., Safitri. | Jurnal Psikologi | 2014 |
| 10. | Why adolescents are not happy with their body image? | Nanu, C. Taut, D. Baban, A. | Journal of Gender and Feminist | 2014 |

HUBUNGAN ANTARA CITRA TUBUH DENGAN PENGUNGKAPAN DIRI PADA REMAJA AWAL KELAS VII

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Abstrak

Pengungkapan diri adalah kemampuan individu untuk berbagi informasi tentang diri pribadinya meliputi perilaku, sikap, perasaan, keinginan, motivasi dan ide kepada orang lain. Citra tubuh adalah evaluasi individu terhadap penampilan fisiknya yang meliputi pemikiran atau perasaan terhadap penampilan tubuhnya sendiri sehingga mengarahkan pada perilaku. Penelitian ini bertujuan mengetahui hubungan antara citra tubuh dan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun). Hipotesis yang diajukan adalah terdapat hubungan positif antara citra tubuh dengan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun). Populasi dalam penelitian ini berjumlah 256 orang yang terbagi dalam delapan kelas. Dengan *cluster random sampling*, diperoleh subjek penelitian sebanyak 128 orang yang terdistribusi dari 4 kelas. Pengumpulan data dalam penelitian menggunakan Skala Citra Tubuh (22 aitem, $\alpha = .79$) dan Skala Pengungkapan Diri (25 aitem, $\alpha = .84$). Analisis regresi sederhana menunjukkan bahwa terdapat hubungan positif antara citra tubuh dengan pengungkapan diri ($r_{xy} = .32$; $p = .000$), maka hipotesis diterima. Semakin positif citra tubuh individu maka semakin tinggi juga pengungkapan dirinya. Sebaliknya, semakin negatif citra tubuh individu maka semakin rendah pengungkapan dirinya. Koefisien determinasi menunjukkan secara simultan citra tubuh dapat menjelaskan perubahan pengungkapan diri sebesar 10% dan 90% lainnya dipengaruhi oleh faktor yang lain.

Kata kunci: citra tubuh, pengungkapan diri, remaja awal, kelas VII.

Abstract

Self-disclosure is the ability of individuals to share their personal information about themselves includes behaviors, attitudes, feelings, desires, motivations and ideas to others. Body image is an individual evaluation of the physical appearance which includes thoughts or feelings against his own body appearance that lead them to behavior. The aim of this study was to know the correlation between body image and self-disclosure in the seventh grade students that classified as early adolescence (age 12-15 years). The proposed research hypotheses is that there is a positive correlation between body image and self-disclosure in the seventh grade students that classified as early adolescence (age 12-15 years). The amount of population in this research are 256 peoples which is divided into 8 classes. The amount of subject in this research are 128 peoples and distributed into 4 classes which is obtained by cluster random sampling. The Scale which is used in this research are the Body Image Scale (22-item, $\alpha = .79$) and Self-Disclosure Scale (25-item, $\alpha = .84$). Simple regression analysis showed that there is a positive correlation between body image and self-disclosure ($r_{xy} = .32$; $p = .000$), so the hypothesis was accepted. It mean that the higher the body image, then the higher the self-disclosure and vice versa, the lower the body image, then the higher the self-disclosure. The coefficient of determination showed that simultaneously body image can explain the change of the self-disclosure by 10% and 90% are influenced by other factors.

Keywords: body image, self-disclosure, early adolescence, the seventh grade student.

PENDAHULUAN

Masa remaja adalah masa transisi antara kehidupan anak-anak menuju kehidupan dewasa. Selama masa remaja, individu mengalami banyak perubahan seperti yang dijelaskan Hurlock (1997) bahwa masa remaja sebagai periode perubahan dimana tingkat perubahan sikap dan

perilaku remaja sejajar dengan tingkat perubahan fisik dan perubahan tersebut berlangsung pesat.

Perubahan-perubahan pada masa remaja terlihat jelas ketika individu memasuki bangku Sekolah Menengah Pertama (SMP) karena pada umumnya rentang usia pelajar SMP berada diantara 12-14 tahun dan menurut Monks (2006) rentang usia tersebut termasuk dalam masa remaja awal, dilain sisi siswa kelas VII juga mengalami fenomena yang teratas ke bawah (*top-dog phenomenon*) yaitu keadaan ketika siswa bergerak dari posisi teratas pada saat berada di sekolah dasar menuju posisi paling rendah ketika berada di sekolah menengah yang menyebabkan siswa berpeluang untuk merasa kurang puas terhadap sekolah, kurang bertanggung jawab terhadap sekolah, dan kurang menyukai guru-guru mereka (Santrock, 2003).

Hurlock (1997) menjelaskan bahwa remaja ingin memiliki teman yang mempunyai minat dan nilai-nilai yang sama, dapat mengerti dan memuatnya merasa nyaman, serta kepadanya ia dapat mempercayakan masalah-masalah dan membahas hal-hal yang tidak dapat dibicarakan dengan orang tua maupun guru. Untuk memperoleh teman baru, remaja dapat melakukan pengungkapan diri karena pengungkapan diri dapat mengubah pengenalan yang tidak mendalam dengan orang lain menjadi suatu hubungan yang lebih mendalam (Dayakisni & Hudaniah, 2009).

DeVito (1995) menyatakan bahwa pengungkapan diri merupakan sebuah tipe komunikasi tentang informasi diri pribadi yang umumnya disembunyikan, namun dikomunikasikan kepada orang lain. DeVito (dikutip Dayakisni & Hudaniah, 2009) lebih lanjut menjelaskan bahwa pengungkapan diri ini mencakup berbagai topik seperti informasi perilaku, sikap, perasaan, keinginan, motivasi dan ide yang sesuai dan terdapat dalam diri orang yang bersangkutan.

Harga diri merupakan salah satu aspek yang dapat mendukung maupun menghambat pengungkapan diri karena harga diri individu mempengaruhi cara berkomunikasi dan penilaian terhadap orang lain. Penelitian yang dilakukan Sari, Andayani, dan Masykur (2006) menunjukkan bahwa terdapat hubungan positif antara harga diri dengan pengungkapan diri pada mahasiswa tahun pertama. Levine dan Smolak (dalam Cash & Pruzinsky, 2002) juga menyatakan bahwa citra tubuh merupakan komponen paling penting dalam harga diri.

Chaplin (2000) menyatakan bahwa citra tubuh (*body image*) adalah pandangan individu mengenai penampilan badannya di hadapan orang lain. Dewi (2010) juga menambahkan bahwa citra tubuh adalah salah satu aspek dari konsep diri yang merupakan kesadaran individu akan tubuhnya sendiri, merupakan refleksi tubuh individu dan pengalaman individu dengan tubuhnya sendiri. Topik mengenai kondisi fisik ini paling banyak dibicarakan dimasa remaja awal, seperti yang dinyatakan Santrock (2007) bahwa preokupasi terhadap citra tubuh ini cukup kuat di masa remaja; secara khusus kecenderungan ini menjadi akut di masa pubertas, yang pada sebagian besar individu berlangsung antara usia 9-16 tahun.

Dalam penelitian yang dilakukan oleh Kostanski dan Gulleno (1998) menyatakan bahwa ketidakpuasan citra tubuh berhubungan negatif dengan harga diri tetapi ketidakpuasan citra tubuh berhubungan positif dengan kecemasan dan depresi terhadap massa tubuh. Artinya peningkatan ketidakpuasan akan diikuti penurunan harga diri dan peningkatan kecemasan dan depresi terhadap massa tubuh. Kecemasan sendiri ternyata memiliki hubungan dengan kepercayaan diri apabila kecemasan tersebut adalah kecemasan komunikasi interpersonal. Dalam penelitian yang dilakukan Siska, Sudardjo dan Purnamaningsih (2003) yang meneliti hubungan antara kepercayaan diri dengan kecemasan komunikasi interpersonal pada

mahasiswa, Siska dkk (2003) menemukan bahwa kepercayaan diri berhubungan negatif dengan kecemasan komunikasi interpersonal. Maka dapat disimpulkan bahwa ketidakpuasaan citra tubuh dapat mengakibatkan kecemasan komunikasi interpersonal pada diri individu, dan pengungkapan diri merupakan bagian dari komunikasi interpersonal tersebut.

Uraian penjelasan di atas mendorong peneliti untuk meneliti hubungan antara citra tubuh dan pengungkapan diri pada remaja awal yang duduk di bangku kelas VII Sekolah Menengah Pertama (SMP) Negeri 27 Semarang. Pengungkapan diri sebagai keterampilan yang dibutuhkan remaja awal kelas VII untuk menjalankan tugas perkembangan sosialnya akan dilihat hubungannya dengan citra tubuh yang terbentuk selama masa remaja awal sebagai akibat pertumbuhan fisik secara pesat. Kondisi tersebut karena citra tubuh memberikan pengaruh terhadap berbagai aspek kehidupan remaja awal salah satunya kemampuan berkomunikasi.

DeVito (1995) menyatakan bahwa pengungkapan diri merupakan sebuah tipe komunikasi tentang informasi diri pribadi yang umumnya disembunyikan namun dikomunikasikan kepada orang lain. DeVito (dalam Dayakisni & Hudanah, 2009) lebih lanjut menjelaskan bahwa pengungkapan diri ini dapat berupa berbagai topik seperti informasi perilaku, sikap, perasaan, keinginan, motivasi dan ide yang sesuai dan terdapat dalam diri orang yang bersangkutan.

Tardy dan Dindia (dalam Hargie, 2006) menyatakan bahwa pengungkapan diri merupakan suatu proses dimana individu menyatakan dirinya secara lisan kepada orang lain, merupakan bagian yang perlu melengkapi suatu hubungan. Pengungkapan diri memiliki fungsi yang penting dalam pembangunan suatu hubungan karena dengan mengungkapkan informasi tentang diri sendiri dapat membantu usaha individu untuk memulai dan mengembangkan hubungan dengan orang lain.

Hoffman (dikutip Hargie, 2011) menambahkan dimensi kejujuran dan kemudahan untuk diakses dalam konsep pengungkapan diri. Hoffman menjelaskan bahwa pengungkapan diri adalah penyampaian informasi tentang diri sendiri yang dilakukan secara lisan, jujur, mengungkapkan dengan signifikan, dan sulit bahkan tidak mungkin dilakukan dengan cara lain.

Cash dan Pruzinsky (2002) mengemukakan bahwa citra tubuh merupakan penilaian individu terhadap bentuk dan ukuran tubuhnya, individu mempersepsikan dan memberikan penilaian atas apa yang dipikirkan dan dirasakan terhadap ukuran dan bentuk tubuhnya, serta bagaimana penilaian orang lain terhadap diri individu yang bersangkutan. Rudd dan Lennon (dalam Gleeson & Frith, 2006) juga menjelaskan bahwa citra tubuh terdiri dari komponen persepsi dan komponen sikap. Komponen persepsi mengacu pada bagaimana individu melihat ukuran tubuh, bentuk tubuh, berat badan, gerakan dan kinerja tubuh. Komponen sikap mengacu pada bagaimana perasaan individu tersebut mengarahkan pada perilaku.

Penelitian ini bertujuan untuk mengetahui hubungan antara citra tubuh dan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun).

METODE PENELITIAN

Subjek dalam penelitian ini adalah siswa-siswi kelas VII SMP Negeri 27 Semarang yang tergolong remaja awal (usia 12-15 tahun) yang berjumlah 128 orang. Jumlah populasi dalam penelitian ini adalah 256 orang. Teknik pengambilan sampel yang digunakan dalam penelitian ini adalah *cluster random sampling*. Teknik *cluster random sampling* dilakukan

dengan memilih sampel berdasarkan klusternya bukan pada individunya sehingga kesimpulan penelitian tidak digeneralisasikan pada masing-masing individu melainkan pada kluster atau kelompoknya (Winarsunu, 2010). Peneliti menggunakan skala berbentuk *Likert* sebagai instrumen pengumpulan data sehingga terdapat dua buah skala, yakni Skala Pengungkapan Diri dan Skala Citra Tubuh.

Skala Pengungkapan Diri (25 aitem) disusun oleh peneliti berdasarkan aspek-aspek pengungkapan diri oleh West dan Turner (2008) yaitu keluasan (*breadth*), waktu keluasan (*breadht time*), dan kedalaman (*depth*). Skala Citra Tubuh (22 aitem) disusun berdasarkan aspek citra tubuh yang dikemukakan oleh Cash dan Pruzinsky (2002) yaitu evaluasi penampilan, orientasi penampilan, kepuasan area tubuh, kecemasan menjadi gemuk dan persepsi terhadap ukuran tubuh.

HASIL DAN PEMBAHASAN

Berdasarkan uji normalitas terhadap variabel pengungkapan diri, diperoleh nilai *Kolmogorov-Smirnov* sebesar .58 dengan signifikansi $p = .89$ ($p > 0,05$). Hasil uji normalitas terhadap variabel citra tubuh diperoleh nilai *Kolmogorov-Smirnov* sebesar .82 dengan signifikansi $p = .51$ ($p > 0,05$). Hasil tersebut menunjukkan bahwa sebaran data pengungkapan diri maupun citra tubuh memiliki distribusi atau sebaran data yang normal.

Uji linearitas hubungan antara variabel citra tubuh dengan variabel pengungkapan diri menghasilkan nilai koefisien $F = 14.44$ dengan nilai signifikansi sebesar $p = 0,000$. Hasil tersebut menunjukkan hubungan antara kedua variabel penelitian adalah linear.

Koefisien korelasi antara citra tubuh dengan pengungkapan diri adalah sebesar .32 dengan $p = .000$ ($p < .001$). Koefisien korelasi yang bernilai positif menunjukkan bahwa arah hubungan kedua variabel adalah positif, artinya semakin positif citra tubuh maka semakin tinggi pula pengungkapan diri. Sebaliknya, semakin negatif citra tubuh maka semakin rendah pula pengungkapan diri. Tingkat signifikansi korelasi $p = .000$ ($p < .001$) menunjukkan bahwa terdapat hubungan yang signifikan antara citra tubuh dengan pengungkapan diri. Hasil analisis regresi sederhana menunjukkan bahwa hipotesis yang diajukan peneliti, yaitu terdapat hubungan positif antara citra tubuh dengan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun) dapat **diterima**.

Penelitian ini bertujuan untuk mengetahui hubungan antara citra tubuh dengan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun). Hasil yang diperoleh dari teknik analisis regresi sederhana dengan bantuan program analisis statistik SPSS versi 16.0, menunjukkan adanya hubungan yang positif dan signifikan antara citra tubuh dengan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun). Berdasarkan perhitungan didapatkan hasil $r_{xy} = .32$ dengan tingkat signifikansi korelasi sebesar $p = .000$ ($p < .001$). Tanda positif pada angka korelasi menunjukkan arah hubungan yang positif.

KESIMPULAN DAN SARAN

Hasil penelitian menunjukkan adanya hubungan yang positif dan signifikan antara citra tubuh dengan pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun), dengan koefisien korelasi sebesar .32 dan tingkat signifikansi $p = .000$ ($p < .001$). Semakin positif citra tubuh maka semakin tinggi pengungkapan diri. Sebaliknya, semakin

negatif citra tubuh maka semakin rendah pula pengungkapan diri. Citra tubuh memberikan sumbangan efektif sebesar 10% terhadap pengungkapan diri pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun).

Bagi subjek penelitian, diharapkan untuk tetap memiliki kemampuan pengungkapan diri yang baik, subjek penelitian perlu untuk mempertahankan penilaian positif terhadap evaluasi penampilan individu yang meliputi pemikiran atau perasaan terhadap penampilan tubuhnya sendiri sehingga mengarahkan pada perilaku serta mempertahankan hubungan pertemanan yang telah dibentuk tanpa membedakan jenis kelamin.

Bagi pihak sekolah, diharapkan untuk mempertahankan pengungkapan diri yang tinggi pada siswa kelas VII yang tergolong remaja awal (usia 12-15 tahun), pihak sekolah sebaiknya memfasilitasi siswa-siswi untuk tetap mempertahankan penampilan fisik yang baik, merawat tubuh dan menjaga kesehatan tubuh dengan baik dan benar melalui olah raga. Membentuk kelompok-kelompok belajar untuk siswa juga dapat digunakan sebagai wadah untuk menyalurkan pengungkapan diri siswa-siswi kelas VII yang tergolong remaja awal.

Bagi peneliti selanjutnya yang tertarik dengan tema yang serupa, diharapkan untuk lebih mengembangkan penelitiannya dengan memperhatikan faktor lain yang mempengaruhi pengungkapan diri seperti gender, *dyadic effect*, valensi, ukuran *audience*, penerimaan hubungan serta topik.

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FAKTOR-FAKTOR PENDORONG PERILAKU DIET TIDAK SEHAT PADA WANITA USIA DEWASA AWAL STUDI KASUS PADA MAHASISWI UNIVERSITAS MULAWARMAN

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ABSTRACT

This research was conducted to see how Factor Stimulus Unhealthy Diet Towards Early Adulthood Women Case Study on the Mulawarman University Students . The stimulus factor is the behavior of the process concluded motives, intentions, and characteristics of human behavior by looking at the behavior of the visible and invisible. The number of sample is 3 persons as key informant are adulthood students mulawarman university. The sample was taken by using snowball. The data was taken by interviewing deeply which are using factor stimulus behavior variable indicator. The data which was taken from this research was using descriptive methods. The results of this research describe that the dominant factor that causes the student doing the diet, due to a lack of confidence in the student. Aspects turn up a lack of confidence in student caused by the social environment, in which the external aspects are interrelated affect the internal aspects of the student doing the diet. Lack of knowledge about healthy diet and also the desire to lose weight quickly, causing students make unhealthy dietary pattern regardless of the side effects that caused.

Keywords: Motive stimulus behavior, unhealthy diet, Student, Adulthood.

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Pendahuluan

Latar Belakang

Setiap orang ingin memiliki tubuh yang sehat, bentuk tubuh serta berat badan yang ideal. Hal ini selain karena alasan kesehatan, bentuk tubuh serta berat badan juga sering mempengaruhi penampilan seseorang. Penampilan merupakan suatu hal yang sering kali mendapat perhatian khusus, dan setiap individu berusaha agar penampilannya terlihat sempurna di lingkungan sosialnya. Hal ini sangat wajar, mengingat salah satu dari lima kebutuhan dasar manusia menurut Maslow adalah kebutuhan akan penghargaan diri. Jika kebutuhan harga diri dan penghargaan dari orang lain tidak terpenuhi, individu tersebut akan merasa tidak berdaya dan merasa rendah diri atau minder (Alwisol, 2009).

Seorang mahasiswi dengan citra tubuh yang kurang baik, kemampuan untuk dekat dengan lingkungan sosialnya menjadi terhambat sehingga mereka akan menarik diri dari atau menjadi pribadi yang tertutup dan sibuk dalam mengontrol berat badanya. Tugas perkembangan yang harusnya terselesaikan pada fase dewasa awal ini menjadi tertunda dan dapat memberi dampak buruk pada fase perkembangan selanjutnya. Jika mahasiswi terlalu sibuk dalam mengontrol berat badanya akan banyak kesempatan besar yang dilewatkan, yaitu kesempatan membuat banyak relasi sosial atau teman, serta meningkatkan kemampuan dan pengetahuan dalam bidang akademis maupun non-akademis yang berguna bagi masa depannya (Notoadmojo, 2005).

Hal yang umum dilakukan oleh wanita, khususnya mahasiswi dalam menjaga penampilannya adalah dengan pengaturan pola makan. Mahasiswi adalah salah satu golongan pada usia dewasa awal. Pada fase usia dewasa awal menurut (Papalia, 2008) berada pada usia 20 sampai 40 tahun. Tugas perkembangan pada fase ini adalah mulai bekerja, memilih pasangan, mulai membina keluarga, mengasuh anak, mengelola rumah tangga, mengambil tanggung jawab sebagai warga negara, dan mencari kelompok sosial yang menyenangkan.

Fase pertumbuhan dan perkembangan pada tubuh manusia sebenarnya di mulai dari usia remaja awal hingga remaja akhir. Kebanyakan individu menganggap dirinya telah menyelesaikan perkembangan fisik pada masa remaja mereka, namun faktanya bahwa tubuh terus mengalami perubahan sampai mati, sehingga mahasiswi yang mengalami ketidakpuasan pada penampilan fisiknya akan menghabiskan banyak waktu dan pikiran untuk memperbaiki penampilan mereka (Hurlock, 2006).

Banyak dari mahasiswi yang berusaha agar penampilannya terlihat sempurna di lingkungan sosialnya. Hal ini sangat wajar, mengingat salah satu dari 5 kebutuhan dasar manusia menurut Maslow adalah kebutuhan akan penghargaan diri. Jika kebutuhan harga diri dan penghargaan dari orang lain tidak terpenuhi, orang tersebut akan merasa tidak berdaya dan merasa rendah diri atau minder (Alwisol, 2009).

Hal ini senada dengan yang di katakan oleh (Sarwono, 2000) bahwa perubahan fisik pada mahasiswi juga mempengaruhi kepercayaan diri, karena sering menimbulkan perasaan tidak puas. Salah satu contoh perubahan fisik mahasiswi yaitu peningkatan lemak pada tubuh. Kondisi ini akan menyebabkan ketidakpuasan

mahasiswi pada tubuhnya, sehingga mereka akan berusaha menurunkan berat badanya.

Salah satu upaya untuk menurunkan berat badan yang populer dikalangan mahasiswi saat ini adalah perilaku diet. Diperkirakan sekitar (73%) mahasiswi melakukan diet untuk menurunkan berat badan mereka (Chase, 2001). Diet adalah usaha sadar orang dalam membatasi dan mengontrol makanan yang akan dimakan dengan tujuan untuk mengurangi atau mempertahankan berat tubuh (Anita Kamal, 2012). Perilaku diet yang sering dilakukan ada yang sehat dan ada juga yang tidak sehat. Perilaku diet yang sehat yaitu meningkatkan olahraga, mengonsumsi buah dan sayur, mengurangi makanan yang berlemak, tidak mengonsumsi makanan yang banyak mengandung pengawet buatan, tinggi kadar gula, dan makan siap saji.

Hal ini senada dengan pendapat yang dikemukakan oleh (Beck, 2006) yang mengatakan bahwa diet yang baik adalah menekankan pada perubahan dalam jenis makanan, jumlah, dan seberapa sering orang makan, dan ditambah dengan program aktivitas fisik yang teratur.

Sedangkan perilaku diet yang tidak sehat antara lain memuntahkan makanan yang sudah dimakan, menggunakan pil diet, menekan nafsu makan, menggunakan obat pencuci perut, menggunakan *diuretic* atau obat yang bisa memperbanyak air kencing (French dkk, 2000).

Diet yang ditempuh mahasiswi sering kali tidak diperhitungkan dampak negatifnya. Hal ini disebabkan karena keinginan mahasiswi dalam melakukan diet tidak melalui bimbingan seorang ahli seperti dokter dan ahli gizi. Diet yang ditempuh mahasiswi sering tidak sesuai dengan aturan kesehatan, mereka hanya memikirkan bagaimana menjadi kurus dengan cepat dan mudah tanpa melihat akibat yang akan ditimbulkan oleh diet yang dilakukan (Wirakusumah, 2001).

Penelitian yang dilakukan (B. Navia et al, 2003) di Universitas Madrid, menghasilkan (47,9 %) dari 234 responden mahasiswi ingin menurunkan berat badan. Mahasiswi yang memiliki persepsi yang buruk tentang bentuk tubuh ideal yang langsing kemungkinan akan membuat mereka melakukan praktik penurunan berat badan yang tidak sehat agar terlihat menarik secara fisik.

Menjaga tubuh sehat sangatlah penting, terlepas dari apakah individu tersebut berat badan berlebih atau tidak. Individu tidak perlu mengubah gaya hidupnya, dalam hal ini pola makan secara drastis, karena hasilnya tidak akan sesuai dengan keinginan. Mengubah secara perlahan jauh lebih meringankan dan menguntungkan dibandingkan dengan cara yang frontal atau ekstrim (Meilinda, 2006).

Faktor pendorong perilaku adalah semua kegiatan atau aktivitas manusia, baik yang dapat diamati langsung, maupun tidak dapat diamati secara langsung yang berwujud motif, dengan melihat dua hal yang menjelaskan suatu faktor pendorong perilaku pada manusia yaitu atribusi internal, terjadi ketika penyebab perilaku tersebut lebih dikarenakan faktor dari dalam diri orang tersebut, dan atribusi eksternal, terjadi ketika penyebab perilaku tersebut lebih dikarenakan faktor dari luar diri orang tersebut (Fritz Heider dalam Tri dan Hudaniya, 2009). Rumusan masalah pada penelitian ini adalah faktor-faktor apa yang dominan mendorong mahasiswi usia dewasa awal di Universitas Mulawarman melakukan program diet tidak sehat.

Pertanyaan Penelitian

Apa saja faktor pendorong perilaku diet tidak sehat pada mahasiswi ?

Faktor apa saja yang lebih dominan mempengaruhi perilaku diet pada mahasiswi?

Tujuan Penelitian

Tujuan penelitian ini adalah untuk mengetahui faktor apa saja yang mempengaruhi perilaku diet tidak sehat pada mahasiswi usia dewasa awal di universitas mulawarman.

Kerangka Dasar Teori

Faktor Pendorong perilaku

Faktor pendorong perilaku menurut Notoatmodjo, (2003) adalah semua kegiatan atau aktivitas manusia, baik yang diamati langsung, maupun yang tidak dapat diamati oleh pihak luar. Sedangkan Menurut Fritz heider (dalam Tri dan Hudaniyah, 2009) faktor-faktor pendorong perilaku manusia adalah proses menyimpulkan motif, maksud, dan karakteristik perilaku manusia dengan melihat pada perilaku yang tampak dan tidak tampak. Dalam hal ada dua golongan yang membentuk perilaku. Pertama yang berasal dari orang yang bersangkutan atau motif internal, seperti suasana hati, kepribadian, kemampuan, keinginan, dan usaha. Kedua, yang berasal motif eksternal, seperti dari lingkungan, tekanan, tugas, situasi, dan keluarga. dan teman sebaya.

Menurut Fritz heider (dalam Tri dan Hudaniya, 2009) perilaku manusia di dorong oleh motif tertentu sehingga manusia berperilaku. Dalam teori atribusi mengklasifikasikan penyebab perilaku kedalam dua hal yaitu atribusi personal dan situasional : a. atribusi personal terjadi ketika penyebab perilaku tersebut lebih dikarenakan faktor karakter internal individu, seperti : kepribadian (personality), suasana hati (mood), motivasi (Motivation), dan persepsi (perception). b. atribusi situasional terjadi ketika penyebab perilaku individu tersebut lebih dikarenakan faktor karakter eksternal individu, seperti : interaksi sosial (Social Interaction), budaya (culture), dan status sosial ekonomi keluarga.

Metode Penelitian

Penelitian kualitatif yang baik akan menampilkan kedalaman dan detail, karena fokusnya memang penyelidikan yang mendalam pada sejumlah kecil kasus. Kasus dipilih sesuai dengan minat dan tujuan yang khusus yang diuraikan dalam tujuan penelitian (Poerwandari, 2007).

Penelitian ini menggunakan informan yang dianggap sebagai orang yang berkompeten untuk memberikan data yang dibutuhkan. Maka dalam penelitian ini, wawancara dilakukan dengan subjek sebanyak 3 orang yaitu mahasiswi usia dewasa awal yang memiliki IMT normal tetapi melakukan diet tidak sehat.

Prosedur pengambilan subjek dalam penelitian ini dengan menggunakan pengambilan sampel berdasarkan pengambilan sampel *snowball sampling*. Pengambilan sampel dilakukan berdasarkan rekomendasi orang ke orang yang sesuai dengan penelitian dan adekuat untuk diwawancarai (Patton, 2002).

Teknik pengumpulan data dalam penelitian diharapkan dapat diperoleh secara lengkap, lebih dalam dan terpercaya, oleh karena itu dalam penelitian ini digunakan teknik wawancara mendalam. Wawancara mendalam merupakan satu bentuk wawancara yang dilakukan untuk memperoleh pemahaman yang lebih luas dan mendalam terhadap peristiwa yang dialami dan dirasakan oleh subjek penelitian.

Wawancara mendalam memberikan kesempatan yang maksimal untuk menggali latar belakang hidup seseorang sehingga peneliti mendapatkan gambaran dan dinamika yang hendak diteliti (Barnister dkk, dalam Poerwandari, 2007). Beriringan dengan wawancara yang dilakukan terhadap subjek, peneliti juga melakukan observasi atau pengamatan serta dokumentasi.

Hasil Penelitian

Pada hasil penelitian terkait dengan faktor pendorong diet tidak sehat pada mahasiswi usia dewasa awal di Universitas Mulawarman ditemukan bahwa pada subyek pertama ditemukan faktor internal yang dominan mendorong perilaku diet tidak sehat karena persepsi ketidakpuasan pada penampilan, sedangkan faktor eksternal yang dominan mendorong perilaku diet tidak sehat karena pengaruh dari lingkungan sosial. Pada subyek kedua faktor internal yang dominan mendorong perilaku diet tidak sehat motivasinya yang takut memiliki tubuh yang gemuk, sedangkan faktor eksternal yang dominan mendorong perilaku diet tidak sehat karena pengaruh dari lingkungan sosial. Pada subyek ketiga faktor internal yang dominan mendorong perilaku diet tidak sehat karena konsep diri tentang tubuh yang ideal, sedangkan faktor eksternal yang dominan mendorong perilaku diet tidak sehat karena pengaruh dari lingkungan sosial. Selain itu dari penelitian ini diketahui bahwa konsep diri, persepsi, motivasi, lingkungan sosial, dan status sosial ekonomi keluarga mempengaruhi faktor pendorong diet tidak sehat pada mahasiswi.

Kesimpulan Dan Saran

Kesimpulan

Berdasarkan analisis dan pembahasan yang telah diuraikan pada bab sebelumnya, maka dapat disimpulkan bahwa :

1. Faktor yang mendorong mahasiswi melakukan diet tidak sehat adalah berasal dari konsep diri tubuh ideal yang tidak realistis pada diri mahasiswi, dimana meski memiliki IMT tergolong normal tetapi memiliki kecemasan yang berlebihan akan tubuh yang gemuk, sehingga menimbulkan persepsi yang negatif dan memotivasi mahasiswi dalam melakukan diet tidak sehat.
2. Masuknya opini atau pendapat dari lingkungan sosial, dalam hal ini dari teman sebaya dan orang dekat mahasiswi yang diterima begitu saja tanpa di *filter* terlebih dahulu antara pendapat positif dan negatif, menyebabkan mahasiswi menjadi terpengaruh pendapat negatif tersebut dan tidak berfikir secara logika sehingga menyebabkan muncul rasa kurang percaya diri.
3. Dalam penelitian ini juga ditemukan bahwa lingkungan sosial ekonomi keluarga turut serta mempengaruhi perilaku diet tidak sehat pada mahasiswi, dimana orang dengan status sosial ekonomi yang tinggi atau kaya, sangat memperhatikan penampilan fisik agar terlihat sempurna.
4. Kurangnya pengetahuan tentang pola diet yang sehat dan juga keinginan untuk menurunkan berat badan dengan cepat, menyebabkan mahasiswi melakukan

pola diet yang tidak sehat tanpa memperhatikan efek samping yang di timbulkan.

Saran

Setelah memperoleh hasil dari penelitian, maka peneliti memiliki beberapa saran yang dapat peneliti sampaikan sebagai berikut :

1. Tentang konsep diri bentuk tubuh ideal, hendaknya mahasiswi lebih realistis, dan berfikir secara rasional karena sudah memiliki IMT yang tergolong normal.
2. Mahasiswa hendaknya menyeleksi pendapat dari lingkungan sosial atau orang terdekat tidak menerima begitu saja pendapat tersebut, dan dalam berfikir lebih mengedepankan logika dari pada persepsi sehingga selalu terbentuk fikiran positif di dalam diri.
3. Dalam memilih program diet menurunkan berat badan, hendaknya mahasiswi tidak hanya mencari refrensi dari satu sumber saja tetapi juga dari sumber lain seperti, dari tv, internet, buku dan lain-lain. Sehingga program diet yang dilakukan dapat berjalan maksimal dan tidak menimbulkan efek negatif bagi kesehatan.
4. Bagi peneliti selanjutnya yang tertarik dengan penelitian faktor pendorong perilaku diet tidak sehat pada mahasiswi dapat melakukan penelitian lebih lanjut dengan memperhatikan faktor sosial ekonomi, sehingga dapat diketahui bagaimana *live style*, dapat mendorong perilaku diet tidak sehat.

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The Relationship between Resilience and Body Image in College Women

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Original Article

The Relationship between Resilience and Body Image in College Women

R McGrath, J Wiggin, R Caron

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Abstract

Possessing a negative body image is associated with unhealthy eating habits and eating disorders in college women and has been linked to depression and negative feelings of self worth. Limited research exists on protective factors that have the potential to mitigate body image dissatisfaction. This paper examines the relationship of resilience to body image dissatisfaction in college women. Female, undergraduate college students were studied using previously validated measures. Results indicate that increased resilience is associated with improved body image.

Introduction

Body image is a complex construct that can influence an individual's perceptions about their physical selves (1). Women who hold a negative body image tend to practice unhealthy eating habits which in turn are highly linked to the development of eating disorders especially as they progress through adolescence and into the college environment (2-4). Many young women entering college are challenged with social norms

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associated with overall appearance that have been engrained long before they enter college. As Cooley et al. note, "...the college years may be a particularly appropriate period to study because of the significant life changes and stressors facing late adolescents entering the college environment" (5). These developmental changes have been shown to be significantly linked to increased feelings of figure dissatisfaction among women (5). Research has shown that a number of factors can contribute to body image dissatisfaction. Clinical psychologists and sociocultural theorists have posited that idealized images of attractiveness or beauty can be linked to body image notions (6-8). Others have identified familial and peer relationships (9-14) and referent groups (15) as being influential factors to body image dissatisfaction. However, less empirically explored have been the potential for protective factors that may insulate adolescent women from body image dissatisfaction. Anecdotal evidence has shown that having a referent identity such as feminism may promote resilience in young women, yet the interplay between resilience and body image has not been formally measured or studied. In this article, we hypothesize that college-age women who are more resilient will have a more favorable body image after accounting for the known predictors of body image dissatisfaction found in the literature. Given that college women have been documented to be at risk for many detrimental physical and mental health outcomes, the importance of addressing body image dissatisfaction and identifying positive and protective factors related to its treatment becomes especially salient to college counselors.

Factors Related to Body Image

Media and Social Comparison

Having a negative body image has been linked to a number of social, psychosocial, and environmental factors. One factor commonly perceived to be of influence to young women is media and social comparison. Developed by Leon Festinger, social comparison theory suggests that comparison to a larger reference group motivates the individual, in this case young women, towards uniformity (16). Renee Engeln-Maddox studied this effect in college women, where she found that comparing one's self to media images was associated with "body dissatisfaction, thin-ideal endorsement, and a drive for thinness" (8). These results supported previous research findings by Stormer and Thompson and also Taylor et al. (16, 17). Such negative media effects continue to be pervasive in modern western society. As Hoyt surmises, "In the past 30 years, the average body size of Miss America winners has decreased significantly (2, 18, 19), the prevalence of diet and exercise articles in women's magazines has grown exponentially (18-21), and the physical appearance of the average fashion model is now achievable by only 3-5% of the U.S. population" (21).

Peer and Familial Relationships

A second set of contributing factors to body image dissatisfaction revolve around peer and familial relationships. The input received in a family environment and during the formative years can both positively and negatively influence a woman's perception of self image. In a longitudinal study, Hesse-Biber et al. found that having a positive role model in the home can lead to improved body image, and that women who reported teasing and hypercritical family members were more likely to experience disordered eating (22). This time in young women's lives is crucial to the development of a positive body image. If at this point, development of a negative body image takes place, it can be detrimental to future self-perceptions and can greatly influence future eating and exercise behaviors once in the college environment. Additionally, influential to body image perceptions are women's relationships with peer and referent groups. These influences are particularly important for adolescent women as relationships expand to include emotional and sexual

ones, especially during the college years. The existence and desire for partner relations has been found to be directly correlated to perceptions of body image. Women also realize these pressures more than men do since men have been shown to emphasize physical attraction to a greater degree than do women when choosing a partner (2, 10-14, 23). Townsend and Levy found that men are less likely to engage in a relationship with women they find unattractive (14). This hypothesis is supported by Forbes et al., who surveyed young college women and found that having a boyfriend is associated with having a more favorable body image (24).

The results of Hoyt et al.'s study examining peer relationships and body image are also interesting in terms of the connection between peer relationships and body image. Along with the result that women are significantly more dissatisfied with their weight than men (a common result), the authors found that "women who were underweight were the most dissatisfied with their relationships with peers of the same gender. Therefore, not only does being thinner not make these women happier, it is actually linked to less satisfying relationships with other women" (2). Those who perceive themselves as being overweight want to be thinner because they believe this makes them more sexually attractive and this is associated with finding someone interested in pursuing a relationship. However, those who achieve thinness, or are already thin, complain about strained relationships with other women because of social competition. Other psycho-social factors that have been related to body image dissatisfaction in women, including depression, gender roles, and vulnerability. In a review of these factors, Hyde, Mezulis and Abramson posit that these are complex factors that are interrelated and linked within the broader context of the pubertal process and pubertal timing (25).

Resilience and Body Image Dissatisfaction

One of the first studies to relate the idea of resilience and body image dissatisfaction is one conducted by Rubin et al. in which the authors examine college women through the use of focus group discussions to identify how the feminist attitude not only helps to ward off societal pressures but intervenes in the process of body dissatisfaction and allows women to maintain positive body images. Although the study finds that feminist beliefs do not necessarily hinder feelings about body image, lower levels of body dissatisfaction are found to be associated with feminism. In the study, the authors indicate that they are "particularly interested in examining risk, resiliency, and resistance among feminist women to understand how feminists attempt to maintain positive feelings about their bodies while living in a culture that objectifies female bodies and links women's economic and social power to their appearance" (26). Resiliency as a measurable factor, however, was not specifically examined in this study.

The term resilience has been used widely and with varied definition. Here, we define the term in accordance with Wagnild et al., as the ability to successfully cope with change or misfortune. Wagnild and Young originally conducted a study of resilience in order to validate the use of the resiliency scale. To date, the resiliency scale has been used in numerous studies including those examining resiliency in young women and is one of the most utilized resiliency testing tools (<http://www.resiliencescale.com/references.htm>). A 2006 review of scales for measuring resilience found that the Wagnild and Young scale was the most appropriate to use for studying adolescents (27).

While resilience has been examined across a number of health related domains, there has been no empirical study to date examining the effect of resiliency on body image dissatisfaction in young women. In 2007, Choate proposed a resiliency model to counter body image dissatisfaction in young adolescent women that focused on the domains of media influence and familial and peer relationships and is promoted as a targeted

intervention for school counselors, however it was not based on any previous empirical links between the two (28, 29).

Here, we hypothesize that resiliency may have a measurable mitigating effect on body image dissatisfaction in young women. Specifically, we hypothesize that as a young woman's resilience increases, her body image dissatisfaction will decrease.

Methods

Participants and Procedure

The study population was comprised of 177 female college students enrolled at medium sized northeast university. Female students aged 18 to 22 years old voluntarily participated in the anonymous study.

The university's institutional review board approved this study. Participants were recruited through undergraduate general education classes known to have large enrollment. This is a form of judgment sampling, in which the researcher identifies a sample from a known sampling frame that is most able to answer the research question (27).

Permission was granted by class professors to use the first ten minutes of class time to distribute and collect surveys. This approach allowed for a 100 percent return rate. Included were courses in Anthropology, Microbiology, Math, Epidemiology, and The History of Public Health. Surveys were administered over a period of eight weeks in the spring of 2007.

All of the surveys were prefaced with information about the study, confidentiality and anonymity rights, as well as the student's right to refuse participation. There were no incentives for participating in this study.

The questionnaire consisted of 29 items including two scales, one which measured body image dissatisfaction and the other resiliency. Demographic questions included age, height, weight, grade-level, living situation, roommate situation, parental relationship status, number of siblings and perceived relationship with parents. Grade level asked which class the student identified with, freshman, sophomore, junior, or senior. Living situation asked the sex and number of roommates the respondent had. Questions about grade-level, living situation and roommate situation were included to examine the nature of peer relations and social comparison. Home and parental relationships were examined through questions asking about the number of siblings, perceived parental relationships, and parental relationship status. Questions about depression and vulnerability were not included given that they have been shown to be complexly interrelated, and thus may be correlated with the construct of resilience.

Measures

Body Image

Respondents answered three questions following the examination of a body satisfaction silhouette scale. This scale was developed and validated by Cooley and Toray (30). Such scales have been found to be reliable and cost effective for the study of body image perceptions, as well as analytically preferable as it allows ordinal data to be interpreted as interval data allowing for inference determinations (15, 31). Respondents were shown eleven silhouettes of women ranging in size from smallest to largest. Each image was numbered, as was a blank space between each. Respondents were then asked to identify the silhouette that best resembled the way they thought they looked, would ideally

like to look and the one they believed men would find most attractive. Respondents circled the number that corresponded to these placements on the scale. The beginning and thinnest silhouette was numbered 1 and the last and largest 21. Image dissatisfaction was calculated as the distance in whole numbers from the number circled beneath what the respondent believed best represented the way they looked subtracted from that beneath the ideal image and then again for the image they felt men would be attracted to. For example, if a woman reported their perceived image silhouette number as 21, and their ideal image silhouette image as number 15, their score would be 6, or 21 minus 15. The same was done for how they scored the image they believed men would find attractive subtracted from that corresponding to their perceived true body image. A greater difference between actual and ideal in either direction indicated greater body image dissatisfaction. This results in a single numerical measure of body image dissatisfaction. Validation of the scale's measurement was originally determined by Cooley by calculating the Body Mass Index (BMI) for respondents and performing a correlation between the corresponding number for the figure chosen as closest to self with the individual's BMI. They reported a correlation of $r = .79$ ($p < .001$), which suggested a close correspondence between the chosen silhouette and the individual's BMI (30). This procedure was repeated for this study where the correlation was supported at $r = .674$, ($p < .001$).

Resiliency

The remaining 15 survey questions comprised the resiliency scale developed by Gail M. Wagnild et al. (32). Validity of the scale was determined through a factor analysis with a reported coefficient of .91 (32). Scale questions utilized a 7-point Likert scale with 1 representing "I strongly disagree" and 7 representing "I strongly agree". Examples of questions are: "When I make plans I follow through with them," "I feel proud that I have accomplished things in my life," "I have self-discipline," and "When I am in a difficult situation, I can usually find my way out of it." Resiliency scores were calculated by summing the responses across the 15 questions. Respondents could score between a minimum of 15 to a maximum of 105 on the scale. A higher score equated to a higher level of resiliency.

Analysis

Collected data were analyzed using the Statistical Package for Social Sciences (SPSS), Version 15.0. Descriptive analyses were conducted for the variables of age, grade level, current residence of the respondent, number of siblings, relationship status of the respondent's parents and the perceived relationship the respondent had with parents, silhouette score of self, ideal silhouette score, silhouette score as perceived by men, resiliency, and BMI.

The primary variables of resilience and silhouette scores were then calculated. The absolute value of the silhouette score difference was taken to measure the total distance between the ideal and perceived silhouette scores.

Bivariate analysis tested the primary variables of body image score and resilience against the factors of number of roommates, sex of roommates, living situation, perceived parental relationship and relationship status of the respondent's parents through the use of t-tests. Body image difference scores were calculated for both the ideal image compared to the perceived real, and also the male ideal compared to the perceived real. A correlation between the two was then calculated.

To examine the effect of resiliency on body image satisfaction, a multiple regression model was constructed. Using a forward stepwise method, the model was refined. Non-

significant and/or intolerant predictor variables were dropped and the model re-examined using the R-square determinant of explanatory power and the F-test of model fit. A correlation matrix was conducted to examine collinearity of the predictor variables. Normality of interval level data was determined and multicollinearity was examined for all IVs included and excluded from the model at a tolerance of $>.1$. Normality of the predictor and dependent variables were examined using predicted residuals plots and were determined to be normally distributed.

Results

The nature of the in-class survey distribution allowed for a 100 percent return rate. 177 surveys were completed and returned. Of those, 171 had complete answers to all questions.

Tables 1 and 2 summarize the descriptive responses. The mean age of the respondents was 19 (SD=1.705, 95% CI = 19.45 – 20.00). Student breakdown by class was comparable to the university overall for the sophomore, junior and senior classes. Freshmen were over represented. This is likely because freshmen are more inclined to enroll in general education classes than other students. This did not skew results as examination of mean dependent variable scores by class revealed no significant differences.

Figure 1

Table 1: Descriptive analyses continuous variables

| | N | Minimum | Maximum | Mean | Std. Deviation |
|------------------------------------|-----|---------|---------|--------|-------------------|
| Age at last birthday | 174 | 17 | 34 | 19.75 | 1.70 |
| | | | | | |
| Number of Roommates | 171 | 1 | 6 | 2.57 | 1.74 |
| Number of children in your family. | 176 | 1 | 6 | 2.83 | 1.10 |
| Current Weight | 174 | 95 | 200 | 135.14 | 19.48 |
| Resiliency | 174 | 52 | 105 | 87.96 | 9.99 |

Figure 2

Table 2: Descriptive analyses categorical variables

| Variable | | % | Variable | | % |
|-----------------|------------|------|---------------------------|----------------------|------|
| Grade Level | | | Gender of Roommates | | |
| | Freshman | 37.3 | | Female | 92.4 |
| | Sophomore | 20.3 | | Male or Co-ed | 7.6 |
| | Junior | 22.0 | | | |
| | Senior | 20.3 | Number of Roommates | | |
| | | | | Zero | 9.4 |
| Living Location | | | | One | 41.5 |
| | On Campus | 59.3 | | More than one | 49.1 |
| | Off Campus | 40.7 | | | |
| | | | Relationship with Parents | | |
| | | | | Excellent / Good | 93.1 |
| | | | | Average / Poor / Bad | 6.9 |

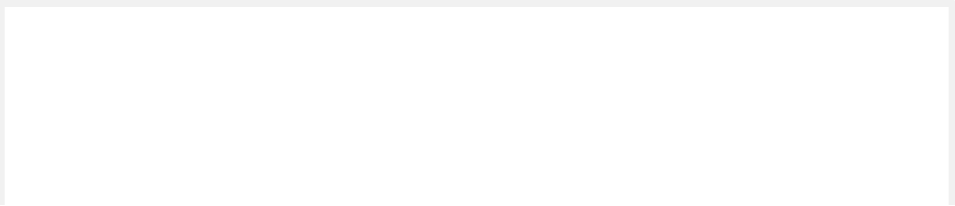
Resilience

Three women failed to complete all the questions and were subsequently dropped from the analysis. The minimum reported resilience score was 52 and the maximum 105. The mean resiliency score was 87.96 (SD 10.0, 95% CI 86.47-89.45). Reported scores closely matched the entire range of potential test scale scores, with just over half of the survey respondents scoring between 88 and 105 points.

Body Image

The body image satisfaction measure questions were answered by all 177 respondents. As shown in Table 3, the figure selected by women as the one representing how they currently perceive themselves was significantly different from the ideal image they would like to have or the image they believed men would find most attractive. There was no significant difference in the image the women found as ideal as compared to the image they believed men would find most attractive.

Figure 3
Table 3: Body Image Perceptions



| | Mean | SD | 95% CI |
|--|-------|------|---------------|
| Which figure is closest to the way you look? | 6.32 | 2.40 | (5.96 – 6.67) |
| Which figure is closest to how you would ideally like to look? | 4.49* | 1.35 | (4.29 – 4.69) |
| Which figure do you think men would find most attractive | 4.45* | 1.41 | (4.24 – 4.66) |

*significantly different from perceived actual body image p<.05

The minimum difference between actual and ideal was 0 and the maximum difference was 10. The mean difference between actual and ideal of all 177 respondents was 1.95 (SD 1.79, 95% CI 1.68-2.21). The body image dissatisfaction relative to how respondents felt men would find ideal was similar but slightly more pronounced, with values ranging from 0 to 10 and a mean difference score of 2.40 (SD 1.89, 95% CI 2.12-2.68) meaning that they believed themselves to be further from what they perceived men held as an ideal body image than the image that they held for themselves as ideal.

Comparative Analysis

Bivariate analysis revealed several significant relationships. The first was that there was a significant positive correlation between a women’s ideal silhouette and the silhouette that they though men would find most attractive ($r = .543$; $p < .000$). The second was a significant negative correlation between resiliency and body image ($r = -.168$, $p < .026$).

We then conducted t-tests for mean differences in resiliency and body image satisfaction scores between the variables number of roommates (one, other than one), roommate gender (male/coed or female), living situation (on/off campus), relationship with parents (good/excellent and average/poor/bad), and relationship of parents (married or other), see Table 3. Only the number of roommates and relationship with parents had significant mean resiliency score differences. There were no significant mean body image score differences by these variables.

Figure 4

Table 4: Mean Resilience and Body Image Dissatisfaction Comparisons

| Factor Variables | | Mean Resiliency Score | | Mean Body Image Score | | |
|--------------------------------|-------------------|-----------------------------|-------------|--------------------------|-------------|--|
| | | | p- value | | p- value | |
| Number of Roommates | | | | | | |
| | 1 | 90.4 | | 1.98 | | |
| | Other (zero / >1) | 86.6 | .01** | 1.85 | .59 | |
| Gender Roommate | | | | | | |
| | Female | 88.1 | | 1.95 | | |
| | Male/Co-Ed | 88.9 | .86 | 1.42 | .36 | |
| Living Situation | | | | | | |
| | On Campus | 88.3 | | 1.89 | | |
| | Off Campus | 87.9 | .78 | 2.15 | .39 | |
| Relationship with Parents | | | | | | |
| | Good/Excellent | 88.5 | | 1.93 | | |
| | Average/Poor/Bad | 80.2 | .03* | 1.92 | .98 | |
| Relationship of Parents | | | | | | |
| | Married | 87.4 | | 2.00 | | |
| | Other | 89.8 | .17 | 1.67 | .18 | |
| **significant at the .01 level | | | | | | |
| * significant at the .05 level | | | | | | |

Regression Analysis

Prior to running the regression analysis, dummy variables were created for the categories of where the student currently lived (on/off campus), relationship with parents (good or excellent, all other), number of roommates (zero, one or more), sex of roommates (female, coed/male) and parent's relationship (married, not married). Variables were eliminated from the model using a forward stepwise function. The base model was: Body Image Dissatisfaction = Constant + Resilience +Relationships with Parents + Currently Live + Number of Siblings +Sex of Roommates+ Grade Level + Parent's Relationship

The final model showed a significant f-test of predictive ability of the independent variables (f=7.69, p<.006) and an r2 of .048. While this was limited in power, the model was still highly significant. The regression results indicated that only resilience had a significant

predictive effect on body image. The standardized coefficients ($-.220$, $p < .006$) indicated a .22 unit decrease in body image dissatisfaction as resiliency score increased by one unit. A negative coefficient indicated a negative change in the dependent variable, in this case indicating a smaller difference between ideal and perceived body image. None of the other predictor variables had significant standardized coefficients.

We then re-ran the model using the body image dissatisfaction of where the woman perceived herself to be relative to what she believed a male would ideally like. This model produced a slightly higher r^2 (.08) and similarly significant f-test significance ($p < .000$). The variable resilience again produced the only significant predictor variable coefficient ($-.294$, $p < .000$). Consistent with our predictions, a one unit increase in resilience (which was indicated in a one unit increase of the Resilience Scale score) represented a .22 unit decrease in body image dissatisfaction. Given that the average distance of survey respondents between perceived actual and ideal body image was 1.8 image units, reducing this by .22 units with each increase of 1 point on the Resiliency Scale, improves body image satisfaction by 12.2% on average. This same result was found relative what they thought men would find ideal. For this measure the average body image dissatisfaction was 2.4 image units. But because the regression coefficient was greater ($-.294$) for this model, the percentage improvement was again 12.2% for each unit increase in resilience.

Discussion

Results from this study indicate that there is a significant protective relationship between the level of a woman's resilience and holding a negative body image. These findings are important because they suggest the potential of resilience in limiting body image dissatisfaction in young women. Findings suggest that more resilient persons have less body image dissatisfaction. Given this, differences in mean resiliency scores by sub-groups become interesting. Our results indicate that women who feel they have positive relationships with their parents are more resilient (score higher on the resilience scale portion of the survey) than individuals who feel they have poor relationships with their parents. Interpreting the significance of these findings should, however, be interpreted cautiously given that few participants have male roommates or report poor relationships with parents, thus potentially allowing insufficient power to detect significant differences.

Additionally, women also report higher mean resiliency scores if they live with one roommate, but as the number of roommates grows their resiliency declines. This reinforces the findings of Festiger that comparison to a larger reference group motivates women towards uniformity of beliefs about their own ideal body image (7).

Limitations

There are several limitations to this study. First, data are collected at a single, medium sized, state-based university and may not be generalizable to students at other institutions. It is also conducted using a directed, but not random sample. Given the sampling frame are undergraduate women, a directed judgment sample allows for the best representation within this group. And while using large general education classes represents the five schools and colleges at the university, there still exists the possibility of some sample bias. Second, because students filled out the survey in a classroom setting where the potential exists for respondents to sit next to one another, response bias is a possibility. Women may not have been fully forthcoming with their true beliefs of body image if they felt their responses could be seen. Such a bias would have led to an underestimation of body image dissatisfaction in the sample and thus the magnitude of the protective impact of resiliency. Third, there is an overrepresentation of freshmen

compared to other classes, and while this is consistent with enrollment at this university, it could have implications of the analysis. For example, freshmen are required to live on campus in same sex housing arrangements. This led to 92% of the sample reporting they live with other women, and only 8% living with a male, or in a co-ed environment. We do not anticipate this having an impact on the regression analysis as that variable drops from the regression model. Fourth, is that 93% of respondents felt they have positive relationships with their parents while only 7% of respondents felt they have average, poor, or bad relationships with their parents. It is uncertain whether the results would change or vary had the sample sizes for both negative and positive perceived relationships with parents been similar.

Implications

The need for school counselors to be concerned with body image dissatisfaction in college women has been well documented. Poor body image in adolescent girls can lead to eating disorders such as anorexia and bulimia (33-35) and has been shown to be prominent in college populations and thus is an important clinical concern for college counselors (36). Consequently, many have pointed to the need to identify protective factors when dealing with women with body image dissatisfaction (37). Empirical studies have concluded that counseling and prevention programs should focus on improving physical self concepts, sex role satisfaction, exploring the nature of what is considered thin, improving critical thinking skills, promoting holistic wellness, and enhancing self-esteem (29, 38). The practical implication for counselors with respect to clinical practice becomes two-fold. One is in dealing with the immediate effects of holding a poor body image, and the second is in developing treatment strategies to address it, primarily focusing on the promotion of resilience and protective factors. To the former, Cook et al. have suggested utilizing peer educators and mentors, as well as body image therapy, to explore how women view their bodies (38).

With respect to promoting resilience and protective factors, Choate introduced the body image resilience model to provide school counselors with a conceptual framework to address these treatment objectives (29). Although the Choate model has not empirically been tested, this article provides motivation for such an inquiry and supports the model's foundations. The sum of the empirical evidence to date does suggest that by promoting self-esteem and providing protective skills and coping mechanisms, college counselors can enhance the resilience of college women, potentially mitigating body image dissatisfaction.

Future research is still needed to examine the nature of resilience in college age women, its sources and functions. While these findings suggest resilience can have a mitigating effect on negative body image in this population, how that resilience is developed and retained is still unclear.

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 [BACK TO TOP](#)



Classroom Approach for Managing Dietary Restraint, Negative Eating Styles, and Body Image Concerns Among College Women

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Abstract. Objective: In this exploratory study, the authors evaluated the impact of an elective college course on dieting levels, eating styles, and body image among college women. **Participants:** Participants were a convenience sample of 29 self-selected female students at a western university who were mostly white, normal-weight seniors with significant dieting experience. **Methods:** The authors used valid and reliable instruments to collect data both before and after testing. An instructor conducted the program in an undergraduate course that met twice weekly for 15 weeks. Theory-based lessons focused on resisting media pressure, modifying dietary restraint, eating in response to hunger (intrinsic eating), and achieving healthy body image. Dependent variables included intrinsic eating, dieting involvement, emotional eating, body image, and self-esteem. **Results:** A comparison of pretest and posttest scores identified significant improvements for most measures. **Conclusions:** A theory-driven elective course implemented within a college setting may improve women's eating styles and body image.

Keywords: body image, dieting, education, self-esteem, women

Purposeful dietary restraint—generally defined as the conscious effort to limit and control dietary intake for the purpose of reducing or maintaining body weight—continues to be a common component of weight-loss education programs.^{1–3} As presented here, however, ongoing research on restrictive dieting and dietary restraint has identified potential risks and drawbacks that may make such behaviors unsuitable for some populations, specifically adolescent girls and college-age women who score highly on body-image concerns and desire for thinness. Our purpose in this study was to evaluate the ability of a col-

lege course to reduce female students' dietary restraint and emotional eating while increasing hunger-based (intrinsic) eating and body satisfaction.

Dietary Restraint Research

Biological Impact

Dieting and dietary restraint among adolescent girls is associated with an increased risk for the development of obesity and is more likely to promote weight gain than weight loss.⁴ High levels of restraint also have been associated with lower resting metabolic rates^{5,6} and with menstrual disturbances and irregularities.^{7–10} Researchers^{11,12} have found strong positive correlations between levels of restrained eating and both urinary and salivary cortisol levels, suggesting that dietary restraint may elevate systemic cortisol levels. Cortisol, a biological marker of stress, has been shown to be a consistent predictor of hunger levels among food-deprived individuals, and it is a risk factor for poor bone health.¹³

Psychological Impact

Those with high restraint are more likely to feel food cravings,¹⁴ experience feelings of deprivation, and be preoccupied with food, even if fat and calorie intake is similar to that of nonrestrained controls.¹⁵ High-restraint individuals are more prone to rigid, absolute beliefs,¹⁶ report more guilt about food and eating,¹⁷ have a greater tendency to overeat in reaction to dysphoric mood, experience a stronger drive for thinness,¹⁸ consistently overestimate their actual body size,¹⁹ and yet substantially underreport their actual weight.²⁰ Other investigators have found that those with high dietary restraint are generally more depressed and emotional than are unrestrained eaters^{21,22} and experience greater anxiety²³ and are less well-adjusted in the areas of socialization, maturity, responsibility, and intrapersonal structuring of values.²⁴

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Cognitive Impact

Impairments in working memory, reaction time, attention levels, and cognitive performance are also negatively influenced by a preoccupation with body shape, food, and dieting, possibly because of anxiety resulting from stressful effects of imposing and maintaining dietary restraint.^{25–28} However, these effects may be short-term rather than long-term consequences of high dietary restraint.²⁹

Relation to Eating Disorders

Dieting and dietary restraint is often a precursor to and highly associated with the development of eating psychopathologies. Compared with women with low dietary restraint scores, those with high scores are more likely to have a history of eating disorders and to be currently trying to lose weight.^{30,31} There is also consistent support for the assertion that body dissatisfaction is a risk factor for eating pathology and that this relation is mediated by levels of restrained eating and dysphoric mood.³²

Research Hypothesis

As presented herein, dietary restraint is associated with biological, psychological, and cognitive disturbances as well as eating pathologies among some populations, particularly adolescent girls and young adult women who score high in body dissatisfaction and drive for thinness. Educational approaches that focus on healthy weight management (without dietary restraint) and dissonance intervention may reduce bulimic pathology and risk factors for eating disturbances.^{33,34} Encouraging hunger-based eating rather than dietary restraint may improve self-esteem, depression, eating pathology, weight maintenance, and other health risk factors.^{35,36} Our purpose in this exploratory study was to evaluate the potential impact of a theory-driven college course on female students' dietary restraint, eating styles, and body esteem.

METHODS

Participants

The target population for this study was college women desiring a better body image, positive eating habits, and a healthy weight. Eligible participants included a self-selected convenience sample of female students enrolled in an elective, 3-credit course, "Body Image, Self-Esteem, and Healthy Weight Management," at a large western university in the United States. The 3-credit course was elective, advertised widely across campus, and attracted students from a variety of majors. The class met twice a week for 1.5 hours during a 15-week semester.

Procedure

Participation in this study was voluntary, reward- and penalty-free, and confidential. To maintain anonymity, the data-analysis team tracked participants with a confidential code. The course instructor was not a member of the data-analysis team and did not have access to the study data. After the institutional review board at the participating university approved the study, the instructor asked students to complete several instruments at

the beginning and after the completion of the course. Trained research assistants collected paper-and-pencil surveys and then entered scores by hand into computer files. We rechecked each file for accuracy after entry.

Intervention

The instructional design for the course was based on the Health Belief Model, and the instructor used a variety of strategies to promote behavior change within the context of the model (see Figure 1).³⁷ Class sessions were composed of discussion-based lessons related to reading assignments that focused on current literature about body image, self-esteem, eating disorders, dieting, and obesity (perceived susceptibility or seriousness, sociopsychological variables, and structural variables). To develop a variety of cues to action for healthy eating styles and positive body-image reinforcement, we requested that small-group discussions, guided imagery, journal assignments, and peer-support sessions focus on topics such as diet advertisements, the fashion industry, and popular weight-loss fads. Cues to action were further reinforced as students completed weekly written assignments that meshed with reading assignments and class discussions, clarity and a final paper that addressed the major themes of the class. Students were required to demonstrate the acquisition of relevant knowledge by taking 4 multiple-choice and short-answer examinations throughout the semester. The goals of the course were to help students resist media pressure, modify restrictive dieting in favor of hunger-based eating, master the components of healthy self-esteem, and develop a positive body image.

Instruments

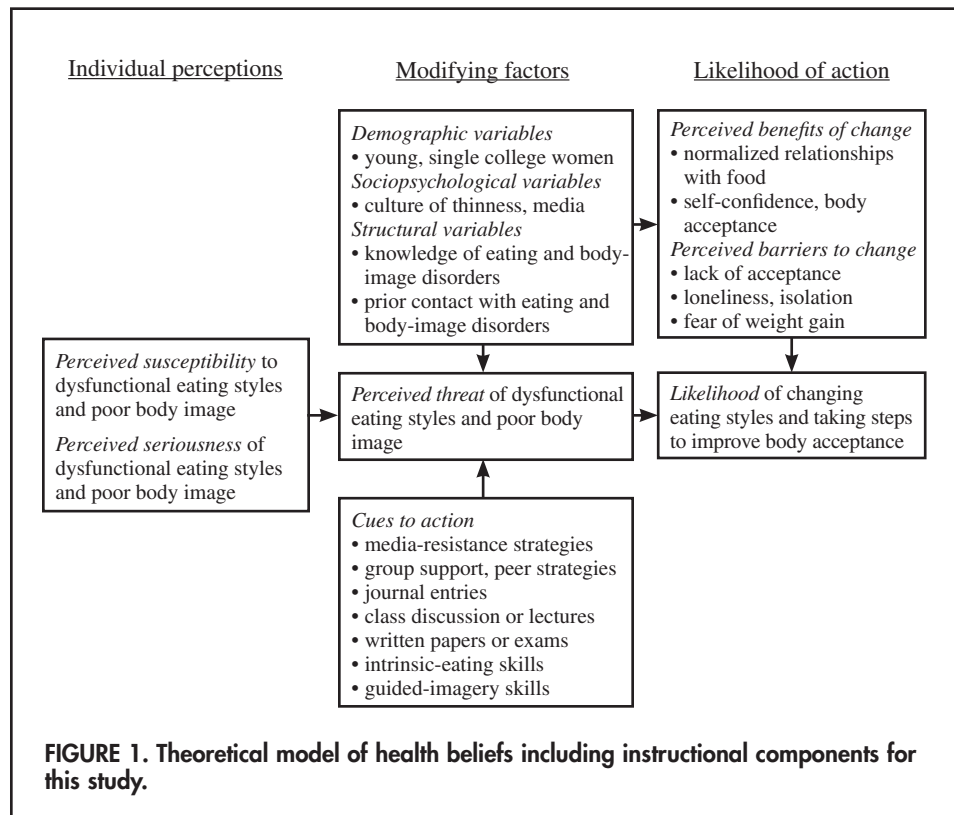
The instruments we used are all validated surveys found in the literature, including the Intuitive Eating Scale (IES), Cognitive Behavioral Dieting Scale (CBDS), Rosenberg Self-Esteem Scale (SES), Body Esteem Scale (BES), and Emotional Eating Scale (EES).

Intuitive Eating Scale

The IES is a 27-item self-report questionnaire measuring intrinsic (hunger-based) eating behaviors.³⁸ The IES has 4 subscales that represent different constructs or assumptions related to intrinsic eating, including antidiating attitudes, internal hunger focus (intrinsic eating), limited levels of environmental and emotional eating (extrinsic eating), and a self-care orientation that is stronger than a fashion orientation. Initial testing of the IES among a college population yielded acceptable alpha coefficients (.42–.93) and adequate test–retest reliability for each subscale (.56–.87). Higher scores on each subscale and the IES overall indicate positive agreement with intrinsic eating principles.

Cognitive Behavioral Dieting Scale

The CBDS is a 14-item single-factor scale that measures current dieting behaviors and food-related thoughts over the past 2 weeks.³⁹ The higher the score, the greater the level of current dieting thoughts and behaviors. Initial validation of the survey resulted in an alpha coefficient of .95 and



a test–retest correlation of .95. High scores on the CBDS correlate strongly with general levels of dietary restraint.³⁹ We used scores on this scale to split the respondents into 2 groups representing higher and lower levels of dieting to evaluate the differential impact of the intervention.

Rosenberg Self-Esteem Scale

The SES was first published in 1965⁴⁰ and is one of the most widely used global self-esteem scales in the social sciences. It is a 10-item Likert-type scale with high scores indicating a positive assessment of self-worth. The scale has been shown to be both valid and reliable.

Body Esteem Scale

The BES identifies 3 factors comprising body image.⁴¹ For female respondents, the BES measures attitudes toward sexual attractiveness, weight concern, and physical condition. Higher subscale scores indicate greater levels of satisfaction in these areas. Initial studies provided evidence of the BES's validity and reliability as a multidimensional measure of body satisfaction.^{41,42}

Emotional Eating Scale

The EES is a 25-item scale that investigates the relationship between specific negative emotional states and over-eating.⁴³ It contains 3 subscales: Anger–Frustration, Anxiety, and Depression. Researchers have used it successfully among a variety of groups. An alpha coefficient of .81 for the total score indicates satisfactory internal consistency; a 2-week test–retest correlation for the total score (.79) further represents adequate temporal stability.

Data Analysis

We analyzed the data with SPSS 12.0 (SPSS Inc, Chicago, IL). We used frequency distributions to summarize and describe the data. We used conventional frequency tables, chi-square distributions, and *t*-test comparisons to validate and summarize the data. All tests of significance were based on two-tailed tests at the .05 level of significance.

RESULTS

The results are based on information from 29 female students enrolled in the class who agreed to participate in the course and initial survey and who completed the course and returned the final round of surveys. Three students who initially enrolled in the course and completed the pretest surveys dropped the course after the first 2 weeks and thus did not complete the posttest surveys. The remaining 29 students participated fully. No male students were enrolled in this course, although it was open to both men and women. For the purpose of comparative analysis, we divided students into 2 groups according to their level of restrictive dieting. We assigned the 15 respondents with the lowest scores on the CBDS to the low-dieting group; we assigned those students with the 14 highest CBDS scores to the high-dieting group. Possible scores on the CBDS range from 14 (*low dieting*) to 70 (*high dieting*). The pretest mean scores on the CBDS for the low- and high-dieting groups in this study were 25.27 and 52.36, respectively, indicating that the level of dieting involvement was different for the 2 groups at the beginning of the study.

Table 1 presents the percentage of students aged 18 years and older according to selected variables. Mean

TABLE 1. Frequency Distribution of Demographic and Lifestyle Variables for All Respondents and by Dieting Level

| Variable | All respondents (%) | Low-dieting group (%) | High-dieting group (%) |
|-------------------|---------------------|-----------------------|------------------------|
| Age (y) | | | |
| 18–20 | 48.3 | 46.7 | 53.3 |
| 21–22 | 31.0 | 40.0 | 20.0 |
| 22–51 | 20.7 | 13.3 | 26.7 |
| Race | | | |
| White | 89.7 | 93.3 | 86.7 |
| Other | 10.3 | 6.7 | 13.3 |
| Area of residence | | | |
| Urban | 25.9 | 28.6 | 28.6 |
| Suburban | 63.0 | 64.3 | 57.1 |
| Rural | 11.1 | 7.1 | 14. |
| Marital status | | | |
| Single | 67.9 | 53.3 | 85.7 |
| Married | 32.1 | 46.7 | 14.3 |
| Year in school | | | |
| Freshman | 13.8 | 0.0 | 26.7 |
| Sophomore | 10.3 | 13.3 | 13.3 |
| Junior | 27.6 | 33.3 | 20.0 |
| Senior | 44.8 | 46.7 | 40.0 |
| Graduate | 3.4 | 6.7 | 0.0 |
| Body mass index | | | |
| Normal weight | 77.8 | 92.3 | 64.3 |
| Overweight | 18.5 | 7.7 | 28.6 |
| Obese | 3.7 | 0.0 | 7.1 |
| Exercise | | | |
| Never | 9.1 | 7.7 | 10.0 |
| 1–4 days/week | 59.1 | 61.5 | 50.0 |
| 4–6 days/week | 31.8 | 30.8 | 40.0 |
| Dieting | | | |
| Never | 48.8 | 66.7 | 23.1 |
| 1–4 times/y | 29.6 | 33.3 | 23.1 |
| 5–10 times/y | 14.8 | 0.0 | 30.8 |
| 11–365 times/y | 7.4 | 0.0 | 23.1 |
| Eating disorder | | | |
| Yes | 10.7 | 0.0 | 21.4 |
| No | 57.1 | 66.7 | 42.9 |
| Unsure | 32.1 | 33.3 | 35.7 |

Note. For all respondents, $N = 29$; for the low-dieting group, $n = 15$; for the high-dieting group, $n = 14$. For the dieting variable, distribution is significantly different for low and high groups at $p = .05$.

age was 22.8 years (range, 18–51, $SD = 7.6$). The majority of students were white and from suburban areas, with a small percentage from rural areas. In addition, the respondents were primarily single, in their senior year of school, and had no eating disorder experience. The students on average had a body mass index (BMI) of 23.4 (range, 19.3–38.2), exercised 4 days per week (range, 0–6), and dieted about 27 days a year (range, 0–365). Table 1 also includes the demographic distribution for each of 2 restraint groups. The results indicate that respondents were not significantly different except in regard to dieting behavior. Experience with eating disorders, being overweight or obese, and rates of being single were higher in the high-dieting group, although statistical significance was not achieved.

Table 2 presents the mean scores of the respondents in the high- and low-dieting groups on each of the scales and subscales at pretest and posttest. Within the low-dieting group, the comparisons of the mean scores at pretest and posttest indicate that significant differences existed for most of the subscale scores. For the high-dieting group, there were significant differences between the pretest and posttest scores for 4 of the subscale scores. It is noteworthy that for all mean scores that changed between pretest and posttest, all were in the predicted direction.

CBDS scores decreased significantly between pretest and posttest for both groups. However, the percentage change for the high-dieting group was significantly higher than that for the low-dieting group (40.9% decrease vs 23.6% decrease, respectively). Low-dieting respondents scored significantly

TABLE 2. Mean Scores of High- and Low-Dieting Respondents on Subscales for Pretest and Posttest

| Scale | Low-dieting group | | High-dieting group | |
|------------------------------------|-------------------|----------|--------------------|----------|
| | Pretest | Posttest | Pretest | Posttest |
| Intuitive Eating Scale | | | | |
| Intrinsic | 11.67 | 14.73* | 10.43 | 12.57* |
| Extrinsic | 15.47 | 19.13** | 19.50 | 15.53 |
| Antidieting | 47.00 | 58.40** | 39.64 | 42.43 |
| Self-care | 14.93 | 16.67 | 11.57 | 12.50 |
| Total | 89.07 | 108.93** | 81.14 | 83.07 |
| Cognitive Behavioral Dieting Scale | 25.27 | 18.20** | 52.36 | 30.64** |
| Rosenberg Self-Esteem Scale | 34.27 | 35.87* | 28.07 | 30.07 |
| Body Esteem Scale | | | | |
| Sexual Attractiveness | 49.47 | 61.07** | 43.43 | 51.86** |
| Weight Concern | 34.73 | 38.13* | 20.00 | 23.36* |
| Physical Condition | 36.20 | 36.60 | 31.29 | 31.43 |
| Emotional Eating Scale | | | | |
| Depression | 13.27 | 12.67 | 17.64 | 15.50 |
| Anxiety | 18.27 | 16.73* | 22.64 | 20.43 |
| Anger-Frustration | 20.53 | 17.40* | 27.43 | 23.14 |

Note. On the Cognitive Behavioral Dieting Scale, the mean percentage change was significantly higher for the high-dieting group than it was for the low-dieting group at $p = .05$.

*Mean is significantly different from pretest at $p = .05$.

**Mean is significantly different from pretest at $p = .01$.

higher on the posttest for the Intrinsic, Extrinsic, and Anti-Dieting subscales of the IES, the total IES, the SES, and the Sexual Attractiveness and Weight Concern subscales of the BES compared with the pretest. In addition, respondents scored significantly lower on 2 of the EES subscales (Anxiety and Anger-Frustration) at posttest than they did at pretest. In contrast, the high-dieting group scored significantly higher at posttest than they did at pretest on the Intrinsic Eating subscale of the IES and the Sexual Attractiveness and Weight Concern subscales of the BES.

COMMENT

Participants were mostly normal-weight female students trying to lose weight by using various forms of dietary restraint. We designed the theory-based educational experience to help students resist media pressure, modify dietary restraint in favor of hunger-based eating, understand the components of healthy self-esteem, and develop a positive body image.

Results for this study followed hypothesized trends. Overall, hunger-based eating (intrinsic eating) was increased, as indicated by improved scores on IES subscales. Short-term dieting and dietary restraint were reduced, as indicated by lower scores on the CBDS at posttest. Low-dieting students also experienced less emotional eating. For most measures, the level of positive change was equally distributed among students, with approximately 75% experiencing meaningful, moderate improvements.

Because dieting negatively affects body image,⁴⁴ we were not surprised to find that as dietary restraint and dieting

behaviors decreased, both groups experienced significant improvement in body image with enhanced assessments of sexual attractiveness and weight acceptance. Given known links between body satisfaction and self-esteem,⁴⁵⁻⁴⁷ the finding that self-esteem scores improved in tandem with body image scores was anticipated.

Perhaps our most significant finding was the differential impact of the course on those who began with higher versus lower scores on the CBDS. Interestingly, the group with less initial dieting involvement began the study with better scores on virtually every other measure used in this study, a lower BMI, and less experience with eating disorders. Nevertheless, this group responded better to the educational program in terms of significantly improved scores on 10 of the 13 measures. Conversely, the group with higher initial CBDS scores began with worse scores on other measures and significantly improved on only 4 of 13 measures. We were encouraged, however, that the high-dieting group experienced the largest absolute change in relation to restrictive dieting behaviors and attitudes as measured by the CBDS. Even so, the posttest CBDS score for the high-dieting group remained higher than the pretest score for the low-dieting group. This type of classroom experience may be most efficacious for individuals whose eating styles, body image concerns, and dietary restraint are not as fully entrenched, whereas more aggressive interventions may be necessary for those who are deeply involved with dietary restraint.

Demographic differences between the high- and low-dieting groups achieved significance for only self-reported

levels of dieting. We expected this because we created the groups on the basis of higher versus lower scores on the CBDS, a measure of involvement with dieting. Although other demographic differences did not achieve statistical significance, high-dieting participants were generally younger, unmarried, more experienced with eating disorders, and more likely to be overweight or obese. It is possible if not probable that higher levels of restraint, body dissatisfaction, and dysfunctional eating among college women are related to being younger, unmarried, and having weight concerns with a history of eating problems.⁴⁸ Involvement in a satisfying, long-lasting relationship (eg, marriage) has been shown to decrease the importance of body dissatisfaction and mitigate the impact of unrealistic ideal body image.⁴⁹

Implications for Public Health Policy

Public health professionals are increasingly interested in promoting interventions that can reduce the growing prevalence of obesity and associated health consequences. The 6th edition of *Dietary Guidelines for Americans*, released in January 2005 by the US Department of Health and Human Services and the US Department of Agriculture, places stronger emphasis on reducing calorie consumption.⁵⁰ At the US Food and Drug Administration's Web site, the lead article under the hot topic of "losing weight" encourages individuals to "start by counting calories."⁵¹ French et al² concluded that public health recommendations for weight control may have to place greater emphasis on the persistence of appropriate weight-control behaviors such as reduced-calorie diets, less fat in the diet, and reduced amounts of food. The call for persistence was based on the finding that such behaviors were often of short duration among adults attempting weight loss.

Short-lived efforts at dietary restraint and weight loss may be a function of biological and psychological resistance to energy deprivation. Given the negative outcomes associated with dietary restraint discussed herein, especially for college women with poor body image and a desire for thinness, it is questionable whether the widescale promotion of dietary restraint (eg, calorie restriction) for female college students is desirable or ethical.⁵² It certainly has not been shown to be effective.⁵³ In fact, dietary restraint and dieting can be associated with greater weight fluctuations, weight gain, and the onset of obesity for female adults and adolescents over time.^{4,54} This is especially disturbing given that a large percentage of normal-weight women consider themselves to be overweight and thus unnecessarily subject themselves to public health recommendations to lose weight by adopting various forms of dietary restraint, such as counting calories.⁵⁵ As Crawford and Campbell⁵⁵ concluded, the focus for many women should be not on weight loss but, rather, on weight maintenance.

Implications for Healthy Weight Promotion

Although the growing prevalence of obesity and related consequences is unquestionably important, global recom-

mendations to reduce calories and restrict fat are simplistic, ineffective, and potentially harmful for some populations. Environmental influences (eg, eating out, portion sizes), media influences (eg, food advertising, fashion images), and cultural influences (eg, culture of thinness, fad diets) have complex interactions that clearly affect the eating styles of different populations in sophisticated and complex ways. Health-education and health-promotion programs must therefore tailor weight-management messages to best suit the real and perceived needs of specific populations within the context of their unique goals and circumstances.

Many college women in the United States, regardless of BMI, are prone to identify themselves as overweight and repeatedly attempt weight loss through a variety of strategies involving dieting or dietary restraint. The result is often low self-esteem, poor body image, unhealthy weight fluctuations, weight gain over time, and increased risk of eating disorders.⁴⁸ Rather than promote restrictive practices, programs that target college women may be more effective in focusing on establishing realistic perceptions of healthy body size, resisting thin idealization pressures, normalizing eating styles, enhancing body image, and achieving weight maintenance. Health-education programs that include antidiets, hunger-based approaches to eating have been shown to improve eating patterns and psychological well-being while leading to weight stabilization—the true goal for healthy-weight adolescents and college women.^{35,55}

Implications for College Health Education

Participants in this study were mostly normal-weight college women who nevertheless desired weight loss. The results support earlier findings that educational approaches in college settings can improve eating behaviors and body satisfaction among female students.^{56–58} An elective college course such as the one used in this study may be an effective and underused avenue for addressing these issues and promoting body esteem, healthy eating styles, and healthy weight management among college women.

Informal comments from students who participated in this study, by way of journal entries and class discussions, indicated that the most valued components of the course were strategies for resisting media influences, developing greater body acceptance, overcoming negative dieting practices, and learning how to eat in response to hunger. These elements can be approached from a theoretical framework as detailed in Figure 1, and they may be implemented with beneficial results outside the classroom. Forums for such health-education approaches could include small-group programs in dormitories and educational programs offered by health educators through the health services center. The number of students who self-selected into the course seems to indicate sufficient demand for this type of education among female college students.

Although differences did not achieve statistical significance, we also note that high-dieting participants tended to be younger, unmarried, and have greater levels of obesity and being overweight than did low-dieting participants.

This may suggest the importance of exposing younger, unmarried, and overweight students to this type of program as early as possible in their academic career—possibly as part of freshman orientation programs with follow-up educational options for interested students. Our findings further indicate that greater efficacy was achieved for those who had less involvement with dieting behavior, thus suggesting the importance of early intervention and prevention in relation to excessive dieting. More intensive programs may be needed to achieve the same level of results for those who have deeper involvement with dieting and dietary restraint.

The CBDS seems to be a useful measure for identifying the level of current dieting involvement and may be a valuable instrument for initial screening. Additional research is needed, however, to refine needs-assessment strategies for identifying at-risk populations and for tailoring educational messages and strategies that can help individuals achieve healthy weight maintenance within the context of positive body image and normative eating styles.

Limitations

The generalizability of results from this exploratory study is compromised by the use of a convenience sample that was somewhat small, relatively homogenous, and self-selected. We did not obtain long-term follow-up data. Future researchers should use randomized samples that represent more diverse populations and track the progress of participants for a significant amount of time postintervention to assess the sustainability of improvements. It is important to determine the impact of such interventions on college-aged women who are mostly normal weight yet desire weight loss, struggle with body image, engage in dietary restraint, and experience high levels of emotional eating.⁴⁸

NOTE

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A screenshot of the ACHA-NCHA website interface. The top navigation bar includes links for 'ABOUT ACHA-NCHA', 'TO PARTICIPATE', and 'ACHA-NCHA DATA'. The main content area features the ACHA-NCHA logo and the title 'The Premier Student Health Survey' with the tagline 'Assess. Evaluate. Apply.' Below this is a photograph of five diverse college students smiling. To the left of the photo, text asks 'Do you have a comprehensive picture of your students' health?' and describes the survey as a nationally recognized research tool. To the right, a 'LATEST NEWS' section mentions that the Spring 2006 data is available and that workshop presentations are accessible on the website.

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Media Effects on Body Image: Examining Media Exposure in the Broader Context of Internal and Other Social Factors

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ABSTRACT

This study attempts to examine the connection between media use and body dissatisfaction by juxtaposing the media with the internal factor of self-esteem and other social factors such as peer and parental attitudes. A sample of 285 female undergraduates completed measures of media exposure, comparisons with media figures, self-esteem, parental and peer attitudes toward body shape, and peer comparisons, as well as internalization of the thin-ideal and body dissatisfaction measures. Overall, comparison to media figures was associated with internalization of the thin ideal but not as strongly as peer attitudes and self-esteem. Contrastingly, peer comparisons and self-esteem were observed to be the strongest indicators of body dissatisfaction.

Furthermore, social/environmental influences and self-esteem proved to be the strongest indicators of body dissatisfaction, which suggests that the indirect effect of media messages on body dissatisfaction is an important area for further examination.

KEYWORDS:

Media Effects, Body Image, Body Dissatisfaction, Cultivation, Social Comparison

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Introduction

Thin models and actresses appear to be the standard in today's media, ever-present on television, and in magazines, movies, and Internet sites. Advertisements targeting young women feature thin and beautiful models in desirable circumstances in order to sell clothing, accessories, and other products. There is a mediated norm for body image in present-day culture, and it is characterized by bodies that are extremely thin ([Hendriks & Burgoon, 2003](#)). This mediated thin-ideal is present in mainstream media, and mainstream media are a source women turn to for information about how to look ([Hendriks, 2002](#)). Consequently, women who are heavy viewers of thin-ideal media may develop the attitude that thinness is socially desirable, experience greater body dissatisfaction, and engage in weight loss behaviors and cosmetic surgery in an attempt to measure up to the standard they observe ([Hesse-Biber, Leavy, Quinn, & Zoino, 2006](#)).

Additionally, there exists a weight prejudice in our society that is reinforced not only by media, but also by social interactions with peers and parents ([Triplett, 2007](#)). Thinness often has a very positive connotation, one that denotes success and social desirability ([Hesse-Biber, Leavy, Quinn, & Zoino, 2006](#)). Attractive people achieve more in our society; they are viewed as more successful and happier with their lives ([Hendriks & Burgoon, 2003](#)). Therefore, some women may see their body shape and weight as a sort of "measuring stick" of social value ([Hesse-Biber, Leavy, Quinn, & Zoino, 2006](#)).

In the last few decades, cultivation and social comparison theories have been used to understand attitudes toward thinness as well as body dissatisfaction in women. Frequently, the associations between media and body attitudes and satisfaction are examined in relative isolation (i.e. without much consideration of other social influences). Given that media aren't the only sources of information regarding body shape and appearance, this study examines how media exposure and media comparisons are related to internalization of the thin ideal and body dissatisfaction when considered along with other social sources of attitudes toward body image (i.e. parents and peers), as well as the internal factor of self-esteem.

Literature Review

Female Body Image in Mass Media

Park ([2005](#)) noted that the body size of women portrayed in mass media has been steadily getting smaller. Wiseman, Gray, Mosimann, and Ahrens ([1992](#)) studied portrayals of female beauty icons from 1959-1978 and observed that over half of them met the medical criteria for the eating disorder anorexia nervosa. In a follow up study, they observed the same patterns from 1979-1988 ([Wiseman, Gray, Mosimann, & Ahrens, 1992](#)).

There are particular messages associated with body weight in media; media figures are often viewed as the epitome of success and social desirability. Their body weight and beauty are often associated with their success, while overweight actresses and models are frequently ridiculed in media. This is especially apparent in thin-ideal media ([Harrison, 2000](#)). The phrase "thin-ideal media" refers to media that contain noticeably thin female main characters, such as fitness and

fashion magazines and television programs. Thin-ideal media promote the idea that thinness is an advantageous attribute and ascribe the attribute to the most “beautiful, desirable, and successful protagonists” ([Harrison, 2000, p. 121](#)).

Hendriks and Burgoon ([2003](#)) observed that women who are exposed to heavy amounts of thin-ideal media are likely to accept this as a norm. Holstrom ([2004](#)) posited that dissatisfaction arises when heavy viewers begin to see this thin-ideal not only as realistic, but also physically attainable. If women who accept these body shapes as the norm and judge themselves in relation to those images, body dissatisfaction can occur ([Schooler, et al., 2004](#)).

Thus, cultivation and social comparison theories should be considered when researching media effects on body image attitudes because heavy viewing may promote internalization of the thin ideal, as well as provide women with media figures that could be used as models of body shape and beauty.

Cultivation Theory

George Gerbner ([1998](#)) defined cultivation as “the independent contributions television viewing makes to viewer conceptions of social reality” ([p. 180](#)). Cultivation suggests that media effects build over time through frequent, repetitive viewing. That is, heavy television viewers were more likely to perceive the real world in accordance with what they had viewed on TV ([Gerbner, 1998; Morgan & Shanahan, 2010](#)).

Heuristic processing and accessibility are key ideas that have been associated with cultivation. Shrum and Bischak ([2001](#)) observed that: “people often construct their judgments on probability of occurrence on the basis of attributes of the information they retrieve from memory” ([p. 189](#)). The phrase “heuristic processing” suggests that people tend to seek out small amounts of readily accessible information when making quick judgments, rather than systematically searching their memories ([Shrum, 2009](#)). Constructs and ideas that are frequently activated become more accessible over time.

When considering body image effects, it is important to consider what Shrum ([2009](#)) observed: that cultivation may not always create attitudes, but often serves to reinforce them. The more “thin ideal” images women observe, the more accessible these images become. Additionally, the positive connotations that are associated with the thin-ideal may become more accessible. Contrastingly, the more negative associations with overweight people that are observed, the more retrievable they may be, augmenting the sense of importance of maintaining a thin body shape. These retrieved associations may serve to enforce social attitudes regarding weight and its social implications – i.e., thinness is good, while being overweight is bad. Morgan and Shanahan ([2010](#)) also noted that viewers often seek out programming that reflects and reinforces their existing beliefs, thus further strengthening attitudes.

Another element of cultivation theory that must be addressed is that of resonance. According to Shrum and Bischak ([2001](#)), resonance is the notion that viewers’ life experiences affect their perceptions of television. If the viewers’ life experiences are similar to the media content that they are viewing, the media messages are more likely to have an effect on them. The authors

suggest that direct experiences that are corroborated on television also combine in the viewers' minds, making it more difficult for them to recall whether the notions stemmed from direct or mediated experience. Additionally, the combination of the experiences makes the content more accessible ([Shrum & Bischak, 2001](#)). If a viewer directly observes a negative connotation with being overweight and also observes this situation on television, resonance may cause the connotation to be more readily retrieved during judgments regarding weight and shape.

Social Comparison Theory

Cultivation theory alone does not explain why women develop these attitudes regarding ideal body shape and social desirability. Social comparison theory also offers a useful perspective on how social attitudes regarding weight and internalization of the thin-ideal might be associated with body dissatisfaction.

Social comparison theory proposes that people are constantly evaluating themselves, and do so by comparing themselves to others ([Festinger, 1954](#)). There are two types of comparisons – downward and upward. Downward comparisons occur when people compare themselves to someone else, and find the other person to be lacking. Upward comparisons, however, are when people compare themselves to someone else and find themselves to be lacking.

Tiggemann and Slater ([2003](#)) suggested that “the process of social comparison may provide the mechanism by which exposure to media images induces negative effects” (p. 50). When women compare themselves to thin media figures while evaluating their own attractiveness, and cannot match what is physically portrayed, body dissatisfaction can occur ([Tantleff-Dunn & Gokee, 2002](#)). Bailey and Ricciardelli ([2010](#)) found that upward comparisons are one of the strongest reasons for body dissatisfaction. Women who are heavy viewers of television – particularly of thin-ideal media – are presented with a multitude of thin actresses and models to which they can compare themselves. As the images become more accessible, they may become internalized, resulting in upward comparisons and greater body dissatisfaction.

Social Influences – Peers & Parents

While it has been observed that media are connected to internalization of the thin-ideal and body dissatisfaction in women, other external environmental factors should also be considered. It may be helpful to examine the influence of peer and parental attitudes regarding weight to better understand how these might resonate with media messages ([Thompson & Stice, 2001](#)).

Social comparison theory has been useful for exploring peer influence on body dissatisfaction. If women embrace the mediated thin-ideal but do not meet that standard and have friends that do, they may engage in upward comparisons and potentially experience body dissatisfaction ([Jones, 2001](#); [Krones, Stice, Batres, & Orjada, 2005](#)).

Peers are also an important influence on body image attitudes. Krcmar, Giles, and Helme ([2008](#)) found that young women whose peers considered thinness to be an important quality were more likely to value thinness and have lower self-esteem. They also observed that peers can reinforce the mediated thin ideal, making it more likely that these women will embrace it as reality. Peer

influence can have a significant impact on what is considered to be desirable or normal regarding body weight and shape. McCabe and Ricciardelli (2001) observed that women who have high body dissatisfaction were more likely to have felt peer pressure about weight, particularly in the form of criticism for weight gain, and praise for weight loss. Hohlstein, Smith, and Atlas (1998) noted that these sources often emphasize the importance of thinness, which plays a role in the internalization of the thin ideal.

Besides the impact of peers, it is important to consider the relationship between parental attitudes and body image attitudes, because parental influence is one of the most important factors associated with body attitudes during a child's development (e.g. [Ata, Ludden, & Lally, 2007](#); [Krmcar, Giles, & Helme, 2008](#); [Rodgers, Paxton, & Chabrol, 2009](#)). Krmcar, Giles, and Helme (2008) noted that parental comments about children's physical appearance convey body image norms that could lead to negative associations with body shape. It has been suggested that parental influence is a primary influence on body dissatisfaction. For example, Levine, Smolak, Moodey, Shuman, and Hessen (1994) observed that parents who place an importance on dieting and other weight control behaviors can have a negative impact on body satisfaction. If parental attitudes toward body shape and weight resonate with those of the media, they may also be linked to internalization of the thin ideal.

Internal Influences – Self-Esteem

Self-esteem is a significant internal factor to consider when examining body dissatisfaction. Mead (1934) stated that self-esteem is, in part, a reflection of the opinion others hold of you. When people are overweight, the stigmatization and negative opinions that others hold of them can affect their self-esteem ([Miller & Downey, 1999](#)). As noted, thinness is often presented positively in the media, while being overweight is negative. Triplett (2007) maintained that being overweight is seen as a stigma, and considered to be a condition that the individual can prevent. If women are overweight, they risk being perceived in a negative light, which may subsequently lower their self-esteem.

Self-esteem is also related to body mass index (BMI). BMI is the weight/height index used to categorize people into underweight, healthy weight, and overweight. Women with higher BMI are more likely to have higher levels of body dissatisfaction and lower levels of self-esteem ([Hendriks & Burgoon, 2003](#)). Miller and Downey (1999) stated: "Heavyweight people also may devalue themselves because they fall short of internalized social standards of acceptable weight" (p. 69). These ideals can come from many social sources, including media, peers, and parents. Thus, low self-esteem can have a strong association with body dissatisfaction if women are comparing themselves to the thin body ideal that is so prevalent in media.

The purpose of this study was to juxtapose media factors such as television exposure and social comparisons with media figures with other environmental factors (peer and parental attitudes) to examine their connections to internalization of the thin ideal and body dissatisfaction. To that end, we pose the following research questions:

RQ1: How is television exposure related to internalization of the thin ideal when considered along with other media factors (i.e. comparison to media characters) and other social factors (parental and peer attitudes and peer comparisons)?

RQ2: How is television exposure related to body dissatisfaction when considered along with other media factors (i.e. comparison to media characters) and other social factors (parental and peer attitudes and peer comparisons)?

Methods

Procedure

Participants were drawn from communication courses at a large southeastern university and offered course credit for participation. Participants in two courses were given a Web address for completing an approximately 15-minute survey via their course website. Online results were filtered such that surveys with a completion time of less than seven minutes were discarded due to fidelity concerns. Additionally, participants from two other courses completed a paper-and-pencil version of the survey under researcher supervision. Independent samples t-tests comparing the online and in-class samples' responses for the independent and dependent variables revealed no significant differences.

Participants

The survey was distributed to 417 undergraduate students. Of the 417 participants, 68.3% were female. For the purpose of this study, only female results were used for analysis ($n=285$). The age of the female sample ranged from 18 to 37 ($M=20.0$, $SD=2.22$). The ethnic makeup of the female sample included 65.7% Caucasian, 17.7% Latino, 5.8% African American, 4.9% Asian, and 7% multiracial or other.

Independent Variables

Television Exposure Measure. Following prior research ([Nabi & Sullivan, 2001](#); [Shrum, Wyer & O'Guinn, 1998](#)), a composite measure of weekly viewing was constructed to account for television exposure. Participants reported how many hours they watched television during four time periods (6 a.m. to noon, noon to 6 p.m., 6 p.m. to midnight, and midnight to 6 a.m.) for the average weekday, Saturday, and Sunday. These data were weighted and combined to create an average weekly viewing measure ($M=25.05$, $SD=17.80$).

Thin-Ideal Television. In order to construct a measure of television genres that could be considered thin-ideal media, a list of genres was acquired from the Most Popular Shows list on the website TV.com ([CBS Interactive Inc., 2011](#)). Teen drama and reality program genres were identified as thin ideal media content using a definition from prior research ([Heinberg, Thompson & Stormer, 1995](#)): i.e. programs with "female actors who epitomize societal ideals of thinness and attractiveness" ([Hargreaves & Tiggemann, 2004, p. 354](#)). Participants were provided a list of

program genres (e.g. teen drama, reality, comedy, etc.) and reported how much they enjoyed watching each genre on a 7-point scale ranging from “Hate it” to “Love it.” Additionally, participants reviewed a list of the most popular programs from each genre ([CBS Interactive, Inc., 2011](#)) and reported how often they watched each individual program using a 7-point scale from “Never” to “As often as possible.”

Principal components factor analysis (varimax rotation) was used to identify related programs within the genres. The analysis of the top ten drama television programs revealed three factors (60.9% of the explained variance). The first factor included *Gossip Girl*, *90210*, and *One Tree Hill* (33.6% of the explained variance) and fit the definition for thin-ideal dramas. Responses for these programs and the overall drama item were averaged for a 4-item, thin-ideal drama index ($M=2.81$, $SD=1.61$, $\alpha=.79$).

Factor analysis of the top ten reality television programs revealed two factors (49.2% of the explained variance). The first factor, dramatized reality, included *Bad Girls Club*, *The Real Housewives of Orange County*, *Keeping up with the Kardashians*, *Jersey Shore*, and *Girls Next Door* (36.5% of the explained variance) and fit the definition for thin-ideal media. Responses for these programs and the overall reality genre item were averaged to construct a 6-item, thin-ideal dramatized reality index ($M=2.77$, $SD=1.40$, $\alpha=.78$).

Upward Comparisons with Media Figures. The Comparison to Models Survey ([Strownman, 1996](#)) was adapted to measure participants’ likelihood to engage in upward comparisons with media figures. The measure was an eight-item index using a 7-point scale ranging from “Never” to “Always.” The instructions for the scale asked: “When you see models and actors/actresses of your own sex on television, how often do you compare yourself to them...” followed by a list of qualifiers for the comparisons, such as “in general” and “in terms of physical appearance” ($M = 3.25$, $SD = 1.31$, $\alpha = .87$).

Upward Comparisons with Peers. The Body Comparison Scale by Fisher and Thompson (1998, as cited by [Van den Berg, Thompson, Obremski-Brandon, & Coover, 2002](#)) measures likelihood to engage in comparisons with their peers. Participants reported how they compare their physical attributes, such as “waist,” “thighs,” and “overall body” to members of their own sex. Participants then reported their agreement with seven statements regarding comparisons to same sex-peers using a 7-point scale ranging from “Strongly disagree” to “Strongly agree.” Statements measured likelihood to engage in comparisons, as well how comparisons made participants feel (i.e., “When I am with others, I compare my weight with theirs” and “When I compare my weight with others, I feel that I am overweight”). Cronbach’s alpha for the index was .93 ($M = 3.95$, $SD = 1.17$).

Peer Attitudes Regarding Weight. The SATAQ-revised ([Cusumano & Thompson, 1997](#)) was adapted to measure perceptions of peer attitudes toward weight and body shape. Participants rated their agreement with a series of twelve statements using a 7-point scale from “Strongly disagree” to “Strongly agree.” Statements dealt with social attitudes regarding weight and body shape, such as “my friends think attractiveness is very important if you want to get ahead in our culture” ($M = 5.35$, $SD = .96$, $\alpha = .90$).

Parental Attitudes Regarding Weight. The parental influence section from the Tripartite Influence Model of Body Dissatisfaction and Eating Disturbances with Adolescent Girls ([Van den Berg, Thompson, Obremski-Brandon, & Covert, 2002](#)) was used to measure perceptions of parental attitudes toward weight and body shape. The index included twenty statements using a 7-point scale from “Strongly disagree” to “Strongly agree.” Statements included items like “My mother is on a diet to lose weight” and “My father has made comments or teased me about my appearance” ($M = 3.10$, $SD = 1.18$, $\alpha = .92$).

Self-Esteem. The Rosenberg Self-Esteem Scale ([Rosenberg, 1979](#)) was used to measure self-esteem. Participants rated their agreement with a series of ten statements using a 7-point scale from “Strongly disagree” to “Strongly agree.” Statements included “On the whole, I am satisfied with myself” and “I feel that I’m a person of worth” ($M = 5.61$, $SD = 1.00$, $\alpha = .89$).

Table 1
Correlations, Means, and Standard Deviations for Hierarchical Regressions (N = 236)

| | Internal. of Thin Ideal | Body Diss. | Self- Esteem | Parental Attitudes | Peer Attitudes | Peer Comparisons | TV Exposure | Drama TV | Reality TV | Media Comparisons |
|-----------|-------------------------------|---------------|-----------------|-----------------------|-------------------|---------------------|----------------|-------------|---------------|----------------------|
| 1 | 1.00 | - | -.25*** | .30*** | .48*** | .32*** | -.13* | .10* | .08 | .38*** |
| 2 | - | 1.00 | -.52*** | .30*** | .07 | .55*** | -.10 | -.05 | -.04 | .26*** |
| 3 | - | - | 1.00 | -.26 | -.02 | -.38*** | .05 | .14 | .17 | .27*** |
| 4 | - | - | - | 1.00 | .20** | .40*** | -.12 | -.02 | .03 | .32*** |
| 5 | - | - | - | - | 1.00 | .17 | -.05 | .06 | .11 | .28*** |
| 6 | - | - | - | - | - | 1.00 | -.08 | .09 | -.02 | .46*** |
| 7 | - | - | - | - | - | - | 1.00 | .13 | .16 | -.11 |
| 8 | - | - | - | - | - | - | - | 1.00 | .36 | .17 |
| 9 | - | - | - | - | - | - | - | - | 1.00 | .15* |
| 10 | - | - | - | - | - | - | - | - | - | 1.00 |
| <i>M</i> | 4.43 | 3.77 | 5.60 | 3.06 | 5.39 | 3.97 | 24.79 | 2.80 | 2.79 | 3.21 |
| <i>SD</i> | .92 | 1.37 | 1.01 | 1.15 | .92 | 1.15 | 17.89 | 1.64 | 1.43 | 1.26 |

Note: * $p \leq .05$, ** $p < .01$, *** $p < .001$

Dependent Variables

Internalization of the Thin Ideal. The Ideal Body Internalization Scale Revised ([Stice, Ziemba, Margolis, & Flick, 1996](#)) was used to measure participants’ internalization of the thin ideal. Participants rated their agreement with a series of ten statements using a 7-point scale from “Strongly disagree” to “Strongly agree.” Statements dealt with attitudes toward body shape and level of attractiveness, such as “Thin women are more attractive” and “Women with toned bodies are more attractive” ($M = 4.46$, $SD = .93$, $\alpha = .83$).

Body Dissatisfaction. The Body Dissatisfaction Subscale from the Eating Disorder Inventory ([Garner, Olmstead & Polivy, 1983](#)) was used to measure body dissatisfaction. Participants rated their agreement with nine statements using a 7-point scale from “Strongly disagree” to “Strongly agree.” Statements focused on satisfaction with various physical

attributes, such as “I think that my waist is too big” and “I think my buttocks are too large” ($M = 3.81$, $SD = 1.41$, $\alpha = .90$).

Table 2
Hierarchical Regression Predicting Influences on Internalization of the Thin-Ideal
($N = 229$)

| Variable | B | SE B | β |
|--------------------|------|------|---------|
| Step 1 | | | |
| Self-Esteem | -.23 | .06 | -.25*** |
| Step 2 | | | |
| Self-Esteem | -.15 | .05 | -.16** |
| Parental Attitudes | .09 | .05 | .11 |
| Peer Comparisons | .10 | .05 | .13* |
| Peer Attitudes | .44 | .05 | .44*** |
| Step 3 | | | |
| Self-Esteem | -.15 | .05 | -.17** |
| Parental Attitudes | .07 | .05 | .09 |
| Peer Comparisons | .06 | .05 | .07 |
| Peer Attitudes | .40 | .06 | .40*** |
| TV Overall | .00 | .00 | -.08 |
| TV Drama | -.04 | .03 | .07 |
| TV Reality | .02 | .04 | .03 |
| Media Comparisons | .10 | .05 | .14* |

Note: $R^2 = .06$, $\Delta R^2 = .26$, $\Delta R^2 = .03$

* $p < .05$, ** $p < .01$, *** $p < .001$.

Results

Two hierarchical regressions were used to examine the independent variables' relationships with the two dependent variables: internalization of the thin ideal and body dissatisfaction (see Table 1 for correlations, means, and standard deviations). The order of the blocks was based on social proximity of the factor. Three blocks were used to reflect internal, interpersonal, and mass communication factors.

TV Exposure and Internalization of the Thin Ideal

The first research question (RQ1) asked whether television exposure plays a role in the internalization of the thin-ideal when juxtaposed with other media measures (comparisons to media figures), the internal measure of self-esteem, as well as parental and peer attitudes and peer comparisons.

The model for the first block, self-esteem was significant, $R^2 = .06$, $F(1, 234) = 85.35$, $p < .001$ (see Table 2). Self-esteem had a negative association with the internalization of the thin ideal ($\beta = -.25$, $p < .001$). In the second block, social/environmental variables – parental and peer attitudes regarding weight and body shape and comparisons with peers – were added to the model. Peer attitudes ($\beta = .44$, $p < .001$) and peer comparisons ($\beta = .13$, $p < .05$) combined with self-esteem to make a significant model, $\Delta R^2 = .26$, $F(4, 231) = 40.63$, $p < .001$. The third block included media variables – television viewing measures (overall, thin-ideal drama, and thin-ideal reality TV) and comparisons with media figures. Only the comparisons with media figures ($\beta = .14$, $p < .05$) contributed to a significant yet small increase of R^2 ($\Delta R^2 = .03$, $F(8, 227) = 15.76$, $p < .001$).

Table 3
Hierarchical Regression Predicting Influences on Body Dissatisfaction
(N = 227)

| Variable | B | SE B | β |
|--------------------|------|------|---------|
| Step 1 | | | |
| Self-Esteem | -.69 | .08 | -.52*** |
| Step 2 | | | |
| Self-Esteem | -.48 | .07 | -.35*** |
| Parental Attitudes | .07 | .07 | .06 |
| Peer Comparisons | .47 | .07 | .39*** |
| Peer Attitudes | -.02 | .08 | -.01 |
| Step 3 | | | |
| Self-Esteem | -.49 | .08 | -.36*** |
| Parental Attitudes | -.01 | .08 | -.01 |
| Peer Comparisons | .49 | .07 | .41*** |
| Peer Attitudes | .40 | .06 | .04 |
| TV Overall | .00 | .00 | -.05 |
| TV Drama | -.04 | .05 | -.05 |
| TV Reality | .06 | .05 | .06 |
| Media Comparisons | -.05 | .07 | -.05 |

Note: $R^2 = .27$, $\Delta R^2 = .15$, $\Delta R^2 = .01$

* $p < .05$, ** $p < .01$, *** $p < .001$

TV Exposure and Body Dissatisfaction

The second research question (RQ2) asked whether television exposure plays a role in body dissatisfaction when juxtaposed with other media measures (i.e. media exposure and comparisons to media figures), self-esteem, and other social influences such as parental and peer

attitudes and peer comparisons (see Table 3). Again, the first block only included self-esteem and led to a significant model, $R^2 = .27, F(1, 234) = 85.35, p < .001$. The second block included interpersonal variables and was significant, $R^2 = .31, F(4, 231) = 40.63, p < .001$. However, of the social factors in the block, only peer comparisons ($\beta = .39, p < .001$) combined with self-esteem ($\beta = -.35, p < .001$) to predict body dissatisfaction. The third block, consisting of media variables, was not significant, $\Delta R^2 = .01; F(8, 227) = 20.56, p > .05$.

Discussion

This study of body dissatisfaction in women is important because body dissatisfaction may lead to harmful disordered-eating behaviors such as anorexia or bulimia nervosa ([Garner, Olmstead, & Polivy, 1983](#)). Body dissatisfaction has been connected to media consumption in that media are often identified as sources women turn to for information about their physical appearance, and thin models and actresses are ostensibly the standard in current media. Cultivation and social comparison theories have been used to examine the association between media consumption and body dissatisfaction. The goal of this project was to draw from the two theories to examine the impact of media exposure on internalization of the thin ideal and body dissatisfaction in context with other social/environmental factors like peer and parental attitudes.

The first stage in the project was dedicated to understanding the basic relationships among internal and social/environmental factors – including media, peers, and parents – and the internalization of the thin ideal. When entered into the regression analysis, the media exposure measures did not appear to have significant connections to internalization of the thin ideal. Overall television exposure and drama exposure appeared to have significant correlations to internalization of the thin ideal but their impact seemed to be overshadowed by other factors. This result adds to the questions about the relevance of overall television exposure versus exposure to specific genres, and their association with young women's acceptance of thinness as a social and cultural value. However, the lack of evidence of a connection between genre-based exposure and some thin-ideal reality programming has to be viewed carefully due to the skewed nature of the exposure measures. The lack of a normal distribution for those viewing measures makes it difficult to reach conclusions about their associations with internalization of the thin ideal. Although overall media exposure was not linked, a media connection was evident. Upward comparison with media figures was the strongest media factor related to internalization of the thin ideal and its contribution to the model was comparable to self-esteem. However, broadly speaking, peer attitude toward thinness was the primary factor associated with internalization of the thin ideal.

This observation suggests the resonance may play an important part in shaping the attitudes that are correlated with the internalization of the thin ideal. According to Shrum and Bischak (2001), resonance broadens the reach of existing stereotypes on television (such as stereotypes of thin female protagonists). It also corroborates existing attitudes – such as the idea that thinness is a necessary attribute in order to achieve success and social desirability. This may result in peers who are heavy viewers of thin-ideal media sharing similar attitudes regarding weight and body shape, especially if their media consumption reinforces existing attitudes regarding thinness.

This is where resonance may have an effect. Resonance is the notion that viewers' life experiences affect their perceptions of television ([Shrum&Bischak, 2001](#)). If the viewers' life experiences are similar to the media content that they are consuming, the media messages are more likely to have an effect on them. Resonance suggests that peer and media attitudes to reinforce one another, strengthening these attitudes regardless of their origin.

Resonance may then tie internalization of the thin-ideal into social cognitive theory. Social cognitive theory states that people learn through observation, and modify their behavior accordingly in order to obtain desired outcomes ([Bandura, 2001](#)). This may encourage women to try to emulate the thin-ideal that they see on television and in their peers (who may maintain similar views) by engaging in weight-loss behaviors. When comparisons to peers and media figures that possess the thin-ideal occur, body dissatisfaction may arise.

Although media messages appear to play a role in the internalization of the thin ideal, they may not have a direct impact on body dissatisfaction. The second stage in the project was dedicated to understanding the basic relationships among internal and social/environmental factors – including media, peers, and parents – and body dissatisfaction. After entering all the internal and external factors, no significant link was observed between media exposure or media comparison and body dissatisfaction. In fact, only self-esteem and peer comparisons were significant predictors of body dissatisfaction. The lower a young woman's self-esteem, the more likely she is to experience some body dissatisfaction. Peer comparisons were as important a contributor to the negative effect. These two factors account for about a quarter of the explained variance. Therefore, more factors have yet to be examined.

A theme that is evident in both parts of the project is the clarity with which the act of comparing one's body shape to others – whether peers or media figures – appears important to notions about body image and attitudes toward one's own body. Media figures and peers serve as references for body image standards that are also likely to connect in some way to eating or exercising behavior. The connection to body dissatisfaction in particular appears to highlight the self-reflection component of social learning theory ([Bandura, 2001](#)).

Limitations

Although the results of this study indicate that the influences on internalization of the thin-ideal and body dissatisfaction are clearly different, it remains unclear exactly how internalization of the thin-ideal is connected to body dissatisfaction. There were several limitations to this study; the sample consisted of undergraduate students primarily from communication students, resulting in a fairly homogeneous sample that may be more attentive to media. While the student population was useful for this particular study, the topic is certainly not limited to students. A significantly younger or older sample may prove useful in gathering information for shaping effective health campaigns (as most data in previous research has centered around adolescents and college students).

Finally, as previously noted, effective measurement of genre-specific television exposure (drama and reality television) is a particular challenge. Therefore further exploration into measurement

of exposure to these genres and examination of their associations with the internalization of the thin ideal and body dissatisfaction is needed.

Conclusion

So, what is the media's role? Are media mostly connected to overall body dissatisfaction through a link between attitudes like internalization of the thin ideal and therefore not directly observable? Or do other social/environmental or internal variables have the potential to explain the people's negative attitudes toward their bodies? Although specific significant correlations between media and both internalization of the thin ideal and body dissatisfaction were observed in regression analyses, it is important to remember that all of these variables interact in a much larger context. It is nearly impossible to find the exact origin of body image attitudes. Instead it may be more useful to consider that the variables serve to reinforce one another and strengthen existing attitudes, despite where they originate. Therefore, all of the variables noted herein should be considered significant influences on body image attitudes, and the knowledge should be applied to eating disorder prevention/intervention and media literacy campaigns to help attenuate the negative effects.

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Body Image Perceptions: Do Gender Differences Exist?

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Despite the large volume of research on body image, few studies have directly compared body image perceptions of men and women. Do men and women experience body image dissatisfaction in the same ways? Do similar factors predict negative body image perceptions in men and women? Is body image dissatisfaction associated with the same consequences regardless of gender? This study investigated these questions. One hundred ninety-seven undergraduate students completed an online survey that assessed their body image experiences and self-perceptions (i.e., body esteem, body mass index, self-esteem, sociocultural and situational factors, and body image perceptions in sexual contexts). Data analysis compared the responses of male and female participants. Several gender differences were found; body dissatisfaction was more common and felt more strongly in women, yet men were also clearly affected by body dissatisfaction.

North American society puts a strong emphasis on physical appearance. People who are deemed attractive are often viewed more favorably than unattractive people. They are thought to be smarter, and more commendable than their less attractive peers. This assumption is called the halo effect (Thorndike, 1920); people who are rated highly on one dimension (attractiveness) are assumed to excel on others as well (intelligence). This is also referred to as the “what-is-beautiful-is-good” stereotype (Solomon, Zaichkowsky, & Polegato, 2005). In our society, attractiveness is associated with being thin for women, whereas a more muscular appearance is considered attractive for men. Appearance ideals are often unattainable for the average person, and may be becoming more difficult to meet as the population is becoming heavier (Statistics Canada, 2002). The disparity between “real” and “ideal” size is increasing.

How do people respond to this disparity? It appears that many individuals respond by feeling badly about their bodies and themselves, and subsequently they develop a negative body image. Body image is a subjective and multidimensional construct (Cash, Morrow, Hrabosky, & Perry, 2004). It encompasses an individual’s self-perceptions and attitudes about his or her physical appearance. The two main aspects of body-image attitudes are evaluation and investment. Evaluation refers to the evaluative thoughts and beliefs that one has about one’s body (Morrison, Kalin, & Morrison, 2004). Body image investment is the cognitive, behavioral, and emotional importance attributed to the body in self-evaluation (Cash & Pruzinsky, 2002).

It is useful to view body image as a continuum, ranging from no body image disturbance to extreme body image disturbance (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Another way of conceptualizing how one feels about one’s body is called body esteem, which involves an individual’s self-evaluation of his or her physical appearance (Mendelson, White, & Mendelson, 2001).

It has been argued that mass media is a key factor in the development of body image dissatisfaction (Morrison et al., 2004; Morrison, Morrison, & Hopkins, 2003). According to sociocultural theory, the more often an individual is exposed to mass media containing idealistic representations of the body, the less favorable an individual’s body image evaluations will become. The sociocultural theory purports that mass media influences an individual’s perceptions of what the ideal body is, and bodies that do not match this ideal are therefore thought to be unattractive (Morrison et al., 2003). Thus, awareness and internalization of society’s appearance standards may contribute to body image dissatisfaction (Matz, Foster, Faith, & Wadden, 2002).

The sociocultural theory, however, does not explain why some people are affected by media messages, whereas others are not. Social comparison theory states that individuals are driven to evaluate themselves through the use of social comparison (Morrison et al., 2004).

Research suggests that scrutinizing one’s self in comparison to those who are less attractive positively

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affects self-perceptions. Conversely, comparing oneself to those who are more attractive negatively affects self-perceptions (Morrison et al., 2004). Therefore, to whom one compares oneself is an important determinant of one's level of body image satisfaction. Furthermore, believing oneself to be acceptably attractive may be more adaptive than actually being considered attractive by others. How others perceive the individual's attractiveness appears to be less important for an individual's body esteem than how the individual perceives him- or herself (Noles, Cash, & Winstead, 1985). This suggests that people's perceptions of their appearance are more relevant to how they feel about themselves and their bodies than how closely they actually resemble societal appearance ideals. A recent study (Johnstone et al., 2008) supports this notion. Lean participants more accurately assessed their body shape than did obese participants, but they were not more satisfied with their appearance. This suggests a cognitive-evaluative dysfunction, where individuals can accurately estimate their size or shape, but are still dissatisfied with their bodies (Cash & Brown, 1987; Gardner, 1996).

Unfortunately most people experience mild to moderate body image dissatisfaction (Thompson et al., 1999). People deal with body image dissatisfaction in a wide variety of ways. A common way of coping is to restrict the number of calories consumed. At any given time, 70% percent of women and 35% of men are dieting (Canadian Mental Health Association, 2003). Some individuals resort to extreme forms of caloric intake restriction or develop eating disorders (Stice, 2002). Other ways of coping include excessive exercise, cosmetic surgery, and using diet pills, steroids, or protein supplements.

Not only does body image dissatisfaction affect one's behaviors, it also affects how one feels about oneself. It is associated with depression (Noles et al., 1985), low self-esteem (Mendelson et al., 2001), feelings of shame (McKinley & Hyde, 1996), body surveillance (McKinley & Hyde), diminished quality of life (Cash & Fleming, 2002), and anxious self-focus and avoidance of body exposure during sexual activity, which can lead to impaired sexual functioning (Cash, Maikkula, & Yamamiya, 2004).

Historically, research on body image dissatisfaction has portrayed it as an issue that exclusively or predominantly affects women. Recent research suggests that the past studies of body image among men were flawed. It was assumed, for example, that body image concerns among men (like those of women) stemmed from perceived excess weight. More recently, studies have been conducted with both men and women using a figure rating scale, where participants rated which figures they actually looked like, wanted to look like, and believed

the opposite sex found most attractive. Men perceived themselves to be more overweight and more muscular than they actually were. They also believed that the male body women perceived to be the most attractive was significantly more muscular than the actual ideal male body that the women chose (Olivardia, Pope, Borowiecki, Cohane, 2004). Research demonstrated that women tended to overestimate their weight/figure size, and underestimate what they thought the male's ideal female figure was (Fallon & Rozin, 1985). The research with figure rating scales suggests that men's body image concerns stem from a perceived lack of muscle, whereas women's stem primarily from perceived excess weight. These findings are consistent with media messages that emphasize a thin ideal for women (Morrison et al., 2003), while promoting a V-shaped figure for men, with emphasis on having a larger, more muscular upper body (Furnham, Badmin, & Sneade, 2002). Several studies corroborate perceived lack of muscle as being a more pivotal factor in male body image dissatisfaction than excess fat (Cafri & Thompson, 2004; Olivardia et al., 2004; Pope, Olivardia, Gruber, & Borowiecki, 1999). This research calls into question the validity of previous studies; it appears that body image dissatisfaction was not actually the construct being measured, but rather weight dissatisfaction.

While it is now known that men are also affected by body image dissatisfaction, the literature continues to demonstrate that women suffer from higher rates of discontentment with their bodies and that this discontentment negatively impacts their lives, more so than male body image concerns affect men (Johnstone et al., 2008; Mendelson et al., 2001). Cash, Morrow et al., (2004) conducted a cross-sectional investigation of body image satisfaction among male and female college students across a 19-year period. They found that body image dissatisfaction rates of the female participants worsened and then improved over time. The researchers also found that male body image dissatisfaction rates were stable over time. This finding contradicts other studies which have shown that body image dissatisfaction is on the rise in men (Cash, 2002; Olivardia et al., 2004). It has been suggested that the ideal male body portrayed in the media is becoming as difficult for typical men to attain as the ideal female body is for typical women to attain. For example, Pope et al. (1999) found that action figures illustrated evolving ideals of male bodies. Toys like G.I. Joe are becoming more muscular and, when converted to human size, G.I. Joe's body is as unattainable for boys as Barbie's body is for girls. Similar to the research done with women, research has also found that body image dissatisfaction in men is associated with low self-esteem, depression, and eating pathology (Olivardia et al., 2004).

The current study will avoid issues with construct validity by using a battery of tests to assess body image concerns in men and women and including measures that assess male muscle satisfaction, as well as weight satisfaction. This is in line with suggestions by Olivardia et al. (2004) who suggest that existing research is limited because researchers only investigate one or two aspects of body image. They suggest a comprehensive assessment of body image by using a number of different measures, as well as investigating a larger sample of men.

The Present Study

While research demonstrates that men and women share some similarities with regard to body image perceptions and body image dissatisfaction, there are important gender differences. More research needs to be done in order to gain a comprehensive understanding of these differences. The present study expands on existing research because it involves a more comprehensive analysis of the similarities and differences in body image dissatisfaction in men and women. The present study compares the sexes across several measures of body image dissatisfaction. It not only explores whether body image dissatisfaction is experienced differently by women and men, but it also investigates whether these experiences impact the sexes differently. The present study also uses measures that were norm-referenced for both male and female participants, comparing body image perceptions of male and female undergraduate students. We explored body image perceptions using a battery of assessments to examine differences in risk factors for, manifestation of, and consequences of body image dissatisfaction in men and women.

Hypotheses

This study was designed to test six hypotheses. The first three are based on the finding that more women than men experience some degree of body image dissatisfaction, and women tend to have a higher degree of body image dissatisfaction than men (Mendelson et al., 2001).

Our first hypothesis was that men would have higher body esteem scores than women and therefore women would report a lower quality of life due to negative body image perceptions. Body image dissatisfaction is positively correlated with depression (Noles et al., 1985) and negatively correlated with self-esteem (Mendelson et al., 2001), both of which have a negative impact on quality of life. The fact that women suffer from higher levels of body image dissatisfaction (Johnstone et al., 2008) suggests that their quality of life would be more adversely affected by their body image perceptions.

The second hypothesis predicts that women would experience negative body image perceptions in more situations than men. Knowing that women experience body image dissatisfaction more frequently than men, it is likely that they also experience more cross-situational body image dysphoria.

The third hypothesis was that women would show a higher frequency of negative body image experiences during sexual activity than men, but regardless of gender, lower body esteem scores would be correlated with negative body image perceptions during sex. Body image dissatisfaction correlates with anxious self-focus and avoidance of body exposure during sexual encounters (Cash, Maikkula, & Yamamiya, 2004). Thus we expected that women would experience more negative body image perceptions during sexual activity because they suffer from higher rates of discontentment with their bodies, but that this relationship would also be found in men who experience body image dissatisfaction.

The next two hypotheses are based on research findings suggesting that body image dissatisfaction is associated with low self-esteem (Mendelson et al. 2001), awareness of and internalization of society's appearance standards (Matz et al., 2002), and body shame and body surveillance (McKinley & Hyde, 1996), as well as on Taylor's (2003) theory that people can cope more effectively with stress when they feel that they can exert control over stressful events. Our fourth hypothesis was that self-esteem and body esteem would be negatively correlated for both men and women. The fifth hypothesis was that women would show higher rates of awareness and internalization of sociocultural appearance standards than men, as well as higher rates of body image shame and surveillance; whereas men would show higher control beliefs about their appearances.

The last hypothesis is based on research that suggests that the media emphasizes a thin ideal for women, but not for men (Morrison et al., 2003). Body image dissatisfaction is related to a perceived lack of muscle in men and to a perceived excess weight in women (Cafri & Thompson, 2004). Therefore, our fifth hypothesis asserted that underweight men would be less satisfied with their appearances than underweight women.

Method

Participants

The participants in this study were undergraduate students attending a large metropolitan university in Canada who were enrolled in Psychology 100 courses. Data were collected from 210 students, but data from 13 of the students were dropped from the study due to technical problems with the online survey, resulting in a final sample size of 197 participants. The partici-

pants ranged from 17 to 40 years of age ($M = 19.30$, $SD = 3.14$), and consisted of 98 men and 97 women. All participants spoke English as their first language. Participants were selected from the university's research participation system, and each student received one credit towards a psychology class for completing the survey. All procedures were approved by the university's Ethics Review Board.

Measures

All participants completed an online survey that consisted of an assessment battery of seven instruments and demographic information including participants' age, sex, native language, and a self-report of height and weight. Stice and Bearman (2001) found that self-reports of height and weight correlate strongly with measurements taken by research assistants, with correlations ranging from .94 to .99, therefore we used self-reports. Height and weight were used to calculate body mass index (BMI; calculated by multiplying 703 times the total of a person's weight in pounds divided by his or her height in inches squared). Completion of this survey took approximately 20-30 min.

Body Exposure During Sexual Activities Questionnaire (BESAQ). The BESAQ (Cash, Maikkula, & Yamamiya, 2004) is a self-report questionnaire that measures experiences of body image in sexual interactions. Participants rate their degree of agreement with 28 statements about how they feel and act during sexual interactions. Each item is answered on a 5-point Likert scale that ranges from 0 (*never*) to 4 (*always or almost always*). Participants' final scores are determined by calculating the mean of the 28 questionnaire items. Higher scores indicate that the individual experiences more negative body image perceptions during sexual activity. The BESAQ is an internally consistent measure (Cronbach's $\alpha = .95$ for men and .96 for women). The BESAQ had a Cronbach's coefficient value of .96 in this study.

Body Image Quality of Life Inventory (BIQLI). The BIQLI (Cash & Fleming, 2002) assesses the degree to which an individual's body image affects his or her quality of life. Participants answer each item on a 7-point Likert scale. Participants rate their degree of agreement with 19 statements about how their body image affects them, ranging from -3 (*very negative effect*) to +3 (*very positive effect*). It is useful in determining how an individual's body image perceptions affect a large variety of life domains (e.g., sense of self, social functioning, sexuality, emotional well-being, eating, exercise, grooming, etc.). A participant's final score is the mean of their 19 ratings. A higher score indicates a higher quality of life. It is internally consistent with a Cronbach's α of .95. The BIQLI had a Cronbach's

coefficient value of .94 in this study.

The short form of the Situational Inventory of Body-Image Dysphoria (SIBID-S). The SIBID-S (Cash, 2000) measures the negative body-image emotions that an individual has in specific situational contexts. This is a 20-item version of the original 48-item SIBID. The SIBID-S uses a 5-point Likert scale with choices ranging from 0 (*never*) to 4 (*always or almost always*). For each item, participants indicate how often they have the emotional experiences described in each statement. A higher score indicates more frequent cross-situational body image dissatisfaction. It has a Cronbach's α of .96 and achieved a Cronbach's α of .95 in the present study.

Objectified Body Consciousness scale (OBC). The OBC (McKinley & Hyde, 1996) is a 24-item measure of the degree to which an individual objectifies his or her body. The OBC uses a 7-point Likert scale that ranges from 1 (*strongly disagree*) to 7 (*strongly agree*). It consists of three subscales: Body surveillance, Body shame, and Appearance control beliefs. Body surveillance refers to viewing one's body as an outside observer. Body shame involves feeling shame when one's body does not conform to cultural standards. Appearance control beliefs refer to the belief that one can control one's appearance through effort. Cronbach's α for undergraduate women is .89 for the surveillance subscale, .75 on the body shame subscale and .72 for control beliefs. For undergraduate men, Cronbach's α is .79 on the surveillance subscale, .73 for the body shame subscale, and .64 for control beliefs. Higher scores on the subscales indicate higher levels of the subscale construct in question. Overall, the OBC had a Cronbach's value of .80 in the present study.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) consists of 10 items and uses a 4-point Likert scale for responses ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). Lower scores indicate higher self-esteem. This measure has a Cronbach's reliability coefficient of .84. It had a Cronbach's α of .58 in the current study.

Sociocultural Attitudes Towards Appearance Questionnaire-Revised version (SATAQ-R). The SATAQ-R (Cusumano & Thompson, 1997) is a 21-item scale that measures the degree to which an individual recognizes and accepts society's appearance standards. It uses a 5-point Likert scale that ranges from 1 (*completely disagree*) to 5 (*completely agree*). The SATAQ-R has both a male and a female version and consists of two subscales: awareness and internalization. The awareness subscale assesses the degree to which an individual is aware of society's appearance standards, and the internalization subscale assesses the degree to which the individual adopts these beliefs as his or her own. A higher score

on either subscale indicates a higher level of awareness or internalization. Both subscales have high reliability scores. The awareness subscale has a Cronbach's alpha of .83, and the internalization subscale has a Cronbach's alpha of .89. Overall this measure had a Cronbach's alpha of .88 in the present study.

Body-Esteem Scale for Adolescents and Adults (BESAA). The BESAA (Mendelson et al., 2001) is a 23-item self-report measure of body esteem. It uses 5-point Likert scale that ranges from 0 (*never*) to 4 (*always*). The BESAA consists of three subscales: Appearance, Weight, and Attribution. The Appearance subscale measures one's general feelings about one's appearance. It has a Cronbach's alpha of .92, suggesting high internal consistency. The Weight subscale measures weight satisfaction. It also demonstrates high internal consistency with a Cronbach's value of .94. The Attribution subscale measures one's perceptions about others' evaluations of one's body and appearance and has a Cronbach's alpha value of .81. Higher scores on a subscale indicate more positive body esteem on that subscale. Overall this scale had a Cronbach's alpha of .92 in the current study.

Results

Hypothesis 1

The means and standard deviations for all variables are shown in Table 1. Independent *t* tests were conducted to test for differences between males and females. As predicted, men had higher scores than women on the three subscales of the BESAA indicating that men feel better about their bodies than women (see Table 1). However, it should be noted that while the sexes differed significantly on both the Appearance, $t(195) = 2.59, p = .01$, and Weight, $t(195) = 2.78, p = .01$, subscales, they did not differ significantly on the Attribution subscale. Contrary to the second part of this hypothesis, men and women did not significantly differ on the BIQLI, however there was a trend toward significance, $t(195) = 1.85, p = .07$ (see Table 1).

Hypothesis 2

As expected, women reported negative body image perceptions during significantly more situations than men on the SIBID-S, $t(195) = -4.40, p = .01$ (see Table 1). Women scored higher (showing more dissatisfaction) than men on all questions except for questions 5, 14, and 20. On question 5 (When I am with attractive persons of the other sex), a *t* test revealed men ($M = 1.74, SD = 1.20$) and women ($M = 1.99, SD = 1.15$) did not significantly differ. On question 14 (When the topic of conversation pertains to physical appearance), men ($M = 1.26, SD = 1.12$) and women ($M = 1.54, SD = 1.00$) did not significantly differ either. Similarly, on question

20 (During certain recreational activities) men ($M = 1.07, SD = 1.26$) and women ($M = 1.35, SD = 2.24$) did not significantly differ.

Hypothesis 3

The prediction that body esteem scores on the BESAA and body image experiences during sexual activity scores on the BESAQ would be negatively correlated was supported (see Table 2). BESAQ scores demonstrated that women experience significantly more negative body image perceptions during sexual activity than men, $t(195) = -3.47, p = .001$. Although not significantly different, the negative relationship between BESAA scores and BESAQ scores was stronger in men than women (see Table 2). A trend toward significance ($p = .06$) was demonstrated for the relationship between BESAQ scores and the Weight subscale of the BESAA.

Hypothesis 4

BESAA and self-esteem scores were negatively correlated in both men and women (see Table 2). This indicates that participants with lower self-esteem also had lower body esteem.

Hypothesis 5

Women demonstrated higher rates of Internalization on the SATAQ-R, $t(195) = -2.55, p = .01$, but they did not show a significant difference from men on the Awareness subscale of this measure (see Table 1). Women also demonstrated higher rates of body shame, $t(195) = -3.63, p = .01$, and body surveillance, $t(195) = -3.06, p = .01$, on the OBC. There was no significant difference between men and women in scores on the Control beliefs subscale (see Table 1). Contrary to expectations, the correlation matrix for the OBC revealed that Control beliefs were not significantly related to any other variable in this study. This demonstrates that the degree to which participants' believed they had control over their appearance did not affect how they felt about their appearance.

Hypothesis 6

Contrary to expectations, BMI scores were not correlated with body esteem (BESAA) scores for men or women (see Table 2).

Discussion

The present study demonstrated that much remains to be learned about the similarities and differences between men and women with regard to body image perceptions. The higher body esteem scores of the male participants supports the results of previous research (Johnstone et al., 2008; Mendelson et al., 2001).

TABLE 1**Means and Standard Deviations of All Measures by Gender**

| Variable | Gender | | | |
|--|----------|-----------|----------|-----------|
| | Women | | Men | |
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| (a) Body-Esteem Scale for Adolescents and Adults (BESAA) | | | | |
| BESAA Appearance | 2.33 | (.69) | 2.60 | (.75) |
| BESAA Weight | 2.31 | (.83) | 2.65 | (.86) |
| BESAA Attribution | 2.31 | (.68) | 2.41 | (.57) |
| (b) Body Image Quality of Life Inventory (BIQLI) | .87 | (1.0) | 1.14 | (1.04) |
| (c) Situational Inventory of Body Image Dysphoria (SIBID-S) | 1.79 | (.78) | 1.29 | (.82) |
| (d) Body Exposure during Sexual Activity Questionnaire (BESAQ) | 1.43 | (.78) | 1.05 | (.71) |
| (e) Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ-R) | | | | |
| Awareness | 37.38 | (5.57) | 36.78 | (5.94) |
| Internalization | 33.67 | (8.08) | 30.79 | (7.77) |
| (f) Objectified Body Consciousness scale (OBC) | | | | |
| Surveillance | 4.56 | (1.00) | 4.09 | (1.14) |
| Shame | 3.04 | (1.15) | 2.44 | (1.15) |
| Control beliefs | 4.51 | (1.01) | 4.44 | (1.06) |

TABLE 2**Correlations of BESAQ, Self-Esteem and BMI Scores With BESAA Scores by Gender**

| Variable | Gender | | |
|--|--------|--------|--------|
| | Women | Men | Total |
| (a) Body Exposure during Sexual Activity Questionnaire (BESAQ) | | | |
| BESAA Appearance | -.59** | -.67** | -.64** |
| BESAA Weight | -.49** | -.64** | -.58** |
| BESAA Attribution | -.30** | -.34 | -.32** |
| (b) Self-Esteem | | | |
| BESAA Appearance | -.72** | -.62** | -.68** |
| BESAA Weight | -.27** | -.47** | -.41** |
| BESAA Attribution | -.39** | -.24* | -.32** |
| (c) Body Mass Index (BMI) | | | |
| BESAA Appearance | -.08 | .05 | .04 |
| BESAA Weight | -.02 | -.03 | .01 |
| BESAA Attribution | -.06 | -.06 | .05 |

* $p < .05$. ** $p < .01$.

Although I did not test for significance, in comparison to the normative data for the BESAA, the females' BESAA scores in this study were higher, whereas the men's scores were lower. The normative sample for the BESAA consisted of 12-25 year-old male and female respondents. Further investigation is warranted to determine whether the comparison of these BESAA scores reflects an improvement in females' body image satisfaction and a decrease in satisfaction amongst men. Contrary to research indicating that body image dissatisfaction in men is related to perceived lack of muscle instead of perceived fatness (Cafri & Thompson, 2004; Olivardia et al., 2004; Pope et al., 1999), the results of this study demonstrate that body esteem scores in men are correlated with weight satisfaction. This corroborates a recent study by Johnstone et al. (2008) which found that although body image dissatisfaction in men is primarily affected by perceived muscle, it is also affected by perceived excess weight. Perhaps this is because of the more recent media emphasis on male weight.

Intuitively, one would think that a person with low body esteem would be more adversely affected than someone with higher body esteem scores; thus the fact that women do not have a lower quality of life due to body image dissatisfaction than men appears inconsistent with the finding that women tend to have lower body esteem scores than men. A possible explanation for the finding that women do not have a lower quality of life due to body image dissatisfaction is that men and women may be adversely affected by body image perceptions in different ways. However, there was a trend toward statistical significance, so further research needs to be done to determine whether a larger sample size would have detected a significant difference.

The finding that women experience negative body image perceptions in more situations than men is consistent with the reports that women tend to have lower body esteem scores than men. More situations may make women feel negatively about themselves and so they are, on average, more dissatisfied with their bodies than men. The particular situations in which men and women both experience negative body image perceptions deserves further investigation. In the present study, SIBID-S scores demonstrated that women experience significantly more negative body emotions across various situations than the men. However, there were no significant differences between men and women on the following three statements: "When I am with attractive persons of the other sex," "when the topic of conversation pertains to physical appearance," and "during certain recreational activities." On these questions both men and women reported experiencing negative body image emotions between sometimes

and moderately often. This may indicate that men and women experience somewhat negative levels of body image perceptions when in the presence of a member of the opposite sex. It is possible that both men and women care about how potential partners evaluate their appearance, or that they feel physical attractiveness is an important factor in heterosexual relationships. Furthermore, men and women are equally affected by negative body image perceptions during conversations about physical appearance. This may suggest that men and women are equally aware of and insecure about their appearance when it is a direct topic of conversation and they feel that others may be thinking about their appearance.

Finally, women did not report significantly higher levels of negative body image perceptions than men during recreational activities. This may indicate that participating in recreational activities provides a different way to view the body that protects against body image dissatisfaction. Viewing the body as an instrument rather than as an object may promote a healthier body image. Further research is needed to examine whether the situations addressed in the SIBID-S affect men and women differently. Results of such research could be useful in creating prevention and intervention programs, allowing professionals to target specific situations known to affect the population of interest.

The fact that women have higher overall scores than men on the body shame and surveillance subscales of the OBC may also explain why women have lower body esteem scores than men. However, the finding that men and women do not differ significantly on the control belief subscale suggests that control beliefs are not directly related to body image satisfaction. Indeed, the correlation matrix for this measure revealed that control beliefs were not significantly related to any other variable in this study. This suggests that, contrary to expectation, when people feel as if they have control over their appearance, it does not protect them from feeling negatively about their body. This appears to counter Taylor's (2003) findings that control beliefs mitigate stressful situations. Perhaps body image dissatisfaction is not experienced in the same way as other stressful experiences.

Women scored higher on the internalization of sociocultural appearance standards than men, which may explain why women have lower body esteem scores than men. The fact that so many variables appear to play a role in body image dissatisfaction supports the belief that body image dissatisfaction is a multidimensional construct, as proposed earlier (Cash, Morrow, et al., 2004). More research needs to be done to determine if men are more likely to internalize societal appearance standards than they were in the past, and if women are

somehow becoming less susceptible.

Body esteem scores were negatively correlated with self-esteem for both women and men, supporting the findings of Mendelson et al. (2001); however, the results from the present study indicate that weight was not significantly correlated with body esteem. This is in contrast with the results from other studies in which significant positive correlations were observed between being overweight and being dissatisfied with one's body, particularly in women (Matz et al., 2002). Further corroborating research is needed to support the findings from this study suggesting that weight is no longer a significant predictor of body image dissatisfaction.

In the present study, body esteem scores on all three subscales: Weight, Appearance, and Attribution, had significant negative correlations with body image perceptions during sexual activity. Lower body esteem scores were associated with more negative body image perceptions during sexual activity. These results are in line with the findings of Cash et al. (2004). Surprisingly, body esteem scores had a stronger negative correlation with body exposure during sexual activity for men than women. Although these correlations were not significantly different, there was a trend toward significance for this relationship in regard to the body esteem Weight subscale. Future research could examine whether this difference would be significant with a larger sample size to determine whether negative body image perceptions during sexual activity are more strongly linked to weight dissatisfaction in men than they are in women.

One of the limitations of this study was that it had a narrow sample—undergraduate students. In addition, these students received course credit as an incentive to participate. Certain types of students may be more inclined to seek the bonus credit and this sample may, therefore, be less representative of the general population of undergraduate students. The fact that this was an online study may also threaten generalizability. It is possible for students to answer questions in an online survey quickly—or even randomly—without actually reading the questions. In the present study, however, a timer was used to ensure that respondents took a reasonable amount of time to complete each question. Another possible limitation was the length and the number of the measurement instruments. Completion of all the questionnaires took approximately 20-30 min and the number of questions may have contributed to fatigue or boredom, adversely affecting measurement validity.

Finally, the measure used to assess body image satisfaction (BESAA) assessed body esteem on three levels: Appearance, Weight satisfaction, and Attribution. Recent research has shown that measures that focus

on weight instead of muscle are not valid scales for use with men. We included the BESAA because it did have two subscales that did not look specifically at weight. Interestingly, for participants in the current study, scores on the weight satisfaction subscale were significantly correlated with the other subscales of the body esteem scale, suggesting that weight is a valid measure of body esteem in men after all. Research suggests that an equal number of men want to gain weight as want to lose weight (Drewnowski & Yee, 1987). Therefore, it would have been helpful to consider the direction of the desired change in weight when comparing weight dissatisfaction in men and women (Furnham et al., 2002). It appears that future research should assess both weight satisfaction (and direction of any desired change) and muscle satisfaction when measuring body image dissatisfaction. These measures would provide a more accurate description of body image satisfaction levels for men in particular.

Conclusion

This study demonstrated that much remains to be learned about the differences and similarities in the body image perceptions of men and women. Body image dissatisfaction is more prevalent among women than men, but men may be becoming more negatively affected and women less so. Our findings support the assertion that men are more commonly becoming the targets of mass media images, resulting in more emphasis on the muscular ideal (Pope et al., 1999). To aid all those affected by body image dissatisfaction, however, future research should concentrate on the important gender differences, as well as similarities, revealed in the present study.

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Body images of patients with anorexia nervosa, bulimia nervosa and female control subjects: A comparison with male ideals of female attractiveness

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Abstract

Body images of female patients with anorexia nervosa and bulimia nervosa were assessed against females without eating disorders and compared with male ideals of female attractiveness. A computer program was applied to examine body images of 62 patients with anorexia nervosa, 45 patients with bulimia nervosa, and 40 female and 39 male control subjects. Body size overestimation was most distinct in the two patient groups. Self-ideal discrepancy was highest in bulimia nervosa. Estimation of the society's ideal female body in all three female groups did not differ from men's perception of the most attractive female body. Congruence of ideals of female attractiveness in patients, female, and male control subjects and described differences between patients and female controls support the theory that body image disturbance is a problem of processing self-referential information regarding body image rather than a problem of processing body image related information per se.

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Keywords: Anorexia nervosa; Bulimia nervosa; Body image; Body dissatisfaction; Self-ideal discrepancy; Body fat estimation; Computer assessment; Information processing

Introduction

Body image disturbances are central to patients with anorexia and bulimia nervosa (American Psychiatric Association, 1994). An excessive dissatisfaction with one's own body as well as the feeling of being too big, even when underweight or of normal weight,

characterizes patients with eating disorders. An erroneous estimate of the size of one's own body, subsequently defined as low size estimation accuracy, can be differentiated from a negative evaluation of one's own body, often defined as body dissatisfaction (Cash & Deagle, 1997).

Many patients are preoccupied with their own body weight and at the same time seem to overestimate the actual size of their body considerably. But although it is widely accepted that there is size overestimation among eating disorder patients (Garner, 2002; Skrzypek, Wehmeier, & Remschmidt, 2001), some studies have challenged this claim (e.g. Hennighausen, Enkelmann, Wewetzer, & Remschmidt, 2003; Penner, Thompson, &

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Covert, 1991; Probst, Vandereyken, & van Coppenolle, 1997). Furthermore, few studies have empirically examined whether the degree of overestimation is more pronounced among patients with anorexia than among patients with bulimia nervosa. Although some evidence for a greater inaccuracy in body-size percepts among patients with bulimia than among patients with anorexia exists, findings are inconsistent (Cash & Deagle, 1997; Sepulveda, Botella, & Leon, 2002).

It was a first aim of this study to compare the degree of size overestimation between patients with anorexia nervosa, bulimia nervosa and women without an eating disorder. The first hypothesis was to find greater size overestimation in the clinical than in the nonclinical groups. The comparison of the two female groups was explorative. Understanding the differences might have important implications for comprehending the different factors related to psychological well-being among anorexic versus bulimic patients.

Societal appearance standards transmitted through peers, parents and media seem to strongly contribute to the value young women attribute to their personal appearance (e. g. Shroff & Thompson, 2006). Particularly young adolescent women with a low level of self-confidence often believe that their looks are responsible for any failures they have experienced. Appearance related cultural norms and values suggest the hope to attain a greater feeling of self-confidence by a weight reduction (Tiggemann, 2005). An excessive dissatisfaction with one's own body is considered a main risk factor for the development of a manifest eating disorder (Stice, 2002a). The perceptual aspect of body dissatisfaction has been described as self-ideal discrepancy (Cash & Deagle, 1997) with a big difference between perceived body image and ideal body image indicating a high level of body dissatisfaction. But although similar to the concept of size estimation accuracy, the role of body dissatisfaction in the etiology and maintenance of eating disorders has been studied extensively, little research has examined the relative degree of self-ideal discrepancy and body dissatisfaction among patients with anorexia versus bulimia nervosa (Stice & Shaw, 2002; Tovée, Benson, Emery, Mason, & Cohen-Tovée, 2003).

It was a second goal of this study to compare the degree of self-ideal discrepancy and body dissatisfaction between the two patient groups and a group of not eating disordered women. Again, the hypothesis was to find greater dissatisfaction in the clinical than in the nonclinical groups. For practical clinical reasons, it could be important to know whether one of these groups is experiencing particularly high levels of self-ideal discrepancy and body dissatisfaction.

It is a well-known phenomenon that ideals of female attractiveness are much thinner than they used to be some decades ago. For instance, playboy models have become significantly thinner during the last 40 years (Owen & Laurel-Seller, 2000). Men are influenced by and contribute to societal ideals of the female body. Some researchers focused on the comparison of male and female ideals of female attractiveness. In a number of studies women's presumptions of the female body preferred by men were even thinner than what men actually stated to prefer (e.g. Cohn & Adler, 1992; Forbes, Adams-Curtis, Rade, & Jaberg, 2001; Lamb, Jackson, Cassiday, & Priest, 1993) whereas Tovée and Cornelissen (2001) found no such difference. Little is known about whether and how women with and without an eating disorder differ in terms of these presumptions and, again, differences between patients with anorexia versus bulimia nervosa have not been examined until now. In a nonclinical setting Bergstrom, Neighbors, and Lewis (2004) found that women's inaccurate perception of male ideals of female attractiveness was associated with eating disorder symptomatology.

An application of this finding to a population of patients with eating disorders resulted in the third hypothesis of this study: patients would show a higher overestimation of the degree of thinness men find attractive in women than women without an eating disorder. The examination of differences between patients with anorexia and bulimia nervosa is primarily explorative. The degree of emaciation in patients with anorexia suggests that patients probably sharply overestimate men's ideals of female thinness. But theories of anorexia also point out that the desire to conform to what men find attractive is not the dominant or at least not the only reason why anorexic women desire an extremely thin figure (Garner, 2002). In contrast, women with bulimia nervosa may be primarily motivated by a desire to match what they believe the other sex finds most attractive (Stice, 2002b). If overestimation of the thinness men find attractive is associated with eating disorder symptomatology like Bergstrom, Neighbors, and Lewis (2004) found within a nonclinical sample, this could also be true within the two groups of patients with eating disorders. The degree of overestimation of male ideals of female attractiveness could then potentially serve as a predictor of eating pathology. Such a finding would improve the understanding of the development and maintenance of eating disorders.

The main goal of the study was to apply an information-processing perspective to the traditional concepts of body image research mentioned before such

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HUBUNGAN CITRA TUBUH DENGAN PERILAKU DIET PADA REMAJA PUTRI DI SMA NEGERI 9 MANADO

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ABSTRAK: Citra tubuh adalah pandangan tentang penampilan fisik seseorang. Pada masa remaja terjadi kepedulian terhadap berat badan dan bentuk tubuh. Hal ini mendorong remaja untuk melakukan perilaku diet. **Tujuan** dari penelitian ini untuk mengetahui hubungan antara citra tubuh dan perilaku diet pada remaja putri di SMA Negeri 9 Manado. **Desain Penelitian** menggunakan *Cross Sectional*. Sampel 50 remaja putri, dengan menggunakan desain *non probability sampling* yaitu *total sampling*. Data penelitian ini diuji menggunakan program computer dengan uji *Chi-Square* pada tingkat kemaknaan 95% ($\alpha < 0,05$). **Hasil penelitian** dari uji statistik didapatkan nilai $p = 0,000 < \alpha = 0,05$. **Kesimpulan** dari penelitian ini yaitu terdapat hubungan antara citra tubuh dengan perilaku diet pada remaja putrid di SMA Negeri 9 Manado. **Saran** perlunya pendidikan tentang pola makan dan pola diet yang sesuai bagi remaja putri.
Kata Kunci : Remaja, Citra Tubuh, Perilaku Diet

ABSTRACT: Body image is an opinion of human physical appearance. There is a concern for body weight and body shape in teenagers. It encourage teenager to undertake diet behaviors. **The purpose** of this study is to know the relationship between body image and diet behaviors teenage girls in SMA Negeri 9 Manado. **Design** of this study used cross sectional study. **Sample** were 50 teenage girls, and used design non probability namely total sampling. Data of this study tested by use a computer with Chi-Square test. At significant level 95% ($\alpha < 0,05$). **The result** of statistics test found value $p = 0,00 < \alpha = 0,05$. **The conclusion** of this study there is relationship between body image and diet behaviors of teenage girls in SMA Negeri 9 Manado. **And suggestion** they need education about body image and diet that suitable for teenage girls..

Keyword : Teenager, body image, diet behaviors

PENDAHULUAN

Menurut *World Health Organization* (WHO) masa remaja terbagi atas masa remaja awal (*early adolescence*) berusia 10-13 tahun, masa remaja tengah (*middle adolescence*) berusia 14-16 tahun dan masa remaja akhir (*late adolescence*) berusia 17-19 tahun (Syarafina & Probosari, 2014). Masa remaja merupakan suatu periode dalam rentang kehidupan manusia. Remaja umumnya mengalami pergolakan hidup yang diakibatkan oleh berbagai

macam perubahan, baik fisik, psikis maupun sosial. Perubahan fisik pada remaja merupakan perubahan yang paling kelihatan menonjol, dan juga salah satu sumber permasalahan utama pada remaja. Salah satu permasalahan utama yang dihadapi oleh remaja, khususnya remaja putri, adalah berat badan dan penampilan diri (Putri, 2008).

Citra tubuh adalah kumpulan sikap individu yang disadari dan tidak disadari terhadap tubuhnya. Termasuk persepsi serta perasaan masa lalu dan

sekarang tentang ukuran, fungsi, penampilan, dan potensi (Stuart, 2012). Citra tubuh dibagi menjadi citra tubuh positif dan citra tubuh negatif. Seseorang yang memiliki citra tubuh positif akan puas terhadap dirinya sendiri, merasa nyaman, dan percaya diri sehingga tidak sibuk memikirkan bagaimana membatasi makanan untuk menjaga berat badannya agar tetap ideal. Seseorang yang memiliki citra tubuh negatif menganggap tubuhnya tidak menarik, malu, dan tidak percaya diri terhadap bentuk tubuhnya sendiri (Prihaningtyas, 2013).

Menurut hasil penelitian Syahrir (2013), menunjukkan bahwa sebanyak 24 orang di SMA Athirah Makassar (33,8%), memiliki persepsi *body image* yang negatif (mengalami ketidakpuasan terhadap bentuk tubuhnya). Anggapan dari citra tubuh negatif membuat remaja putri yang memiliki kelebihan berat badan terobsesi menurunkan berat badannya.

Pada masa remaja terjadi kepedulian terhadap berat badan dan bentuk tubuh. Hal ini mendorong remaja untuk melakukan diet. Remaja yang melakukan diet untuk mengontrol berat badannya ada yang menggunakan cara sehat dan tidak sehat. Remaja putri menerapkan diet untuk menurunkan berat badannya dengan berbagai cara yang menurut mereka lebih efektif, terkadang diet yang dilakukan membahayakan kesehatan tubuh mereka (Alhadar, Indiasari & Yustini, 2014).

Penelitian dari Syarafina dan Probosari (2014) seseorang yang memiliki *body image* negatif cenderung melakukan perilaku makan yang tidak baik. Perilaku makan tidak baik yang dilakukan remaja dalam penelitian mereka sebanyak 43 subjek (72.8%) yaitu makan tidak teratur atau sering melewati waktu makan tertentu, misalnya sering melewati makan pagi karena malas atau tidak ada waktu dan makan malam karena takut menjadi gemuk.

Perhatian remaja putri terhadap penampilan, makanan dan berat badan ini akan terus menerus berlangsung. Setiap perubahan yang terjadi pada tubuh wanita seringkali dijadikan sebagai ukuran untuk meningkatkan harga diri sehingga wanita berusaha untuk tampil dengan gambaran tubuh yang sebaik mungkin. Adanya pandangan seperti inilah yang jadi motivasi untuk menurunkan berat badan (Elga, 2007).

Dari data awal yang diperoleh dari 146 remaja putri kelas XII jurusan IPA, IPS dan bahasa di SMA Negeri 9 Manado, 6 dari 11 remaja putri mengatakan mereka melakukan praktik diet karena tidak puas dengan tubuhnya sendiri. Praktik diet yang dilakukan 4 orang dengan cara yang sesuai seperti menghindari makanan cepat saji (*fast food*) dan rajin berolahraga, dan ada 2 orang yang melakukan praktik diet tidak sesuai seperti suka mengonsumsi minuman bersoda, makanan yang manis-manis dan tidak mengonsumsi nasi dan daging. Alasan mereka ingin memiliki penampilan yang lebih menarik dan cantik. Hal inilah yang mendorong keinginan peneliti untuk mengetahui hubungan citra tubuh dengan perilaku diet pada remaja putri di SMA Negeri 9 Manado.

METODE PENELITIAN

Penelitian ini menggunakan desain penelitian *Cross Sectional* yang bersifat analitik untuk mengetahui hubungan antara citra tubuh dengan perilaku diet pada remaja putrid di SMA Negeri 9 Manado, pada bulan Februari 2015. Populasi dalam penelitian ini berjumlah 146 dan yang memenuhi karakteristik sedang atau pernah menjalani praktik diet yaitu 50 siswi. Teknik pengambilan sampel dalam penelitian ini menggunakan *non probability sampling* yaitu *total sampling*, yaitu 50 remaja putri. Dengan memperhatikan kriteria inklusi: siswi kelas XII jurusan IPA, IPS

dan Bahasa, Sedang atau pernah menjalani praktik diet (secara sengaja mengurangi frekuensi makan atau menghindari makanan tertentu, menggunakan obat atau produk tertentu) dan bersedia menjadi responden. Dan untuk kriteria eksklusi: Siswi yang sakit atau tidak hadir dalam kelas/ saat penelitian. Instrumen yang digunakan dalam penelitian ini adalah lembar kuesioner. Kuesioner merupakan formulir mengenai citra tubuh dan perilaku diet untuk menilai variabel-variabel yang akan diteliti. Dan untuk memperoleh informasi yang relevan dan untuk memperoleh informasi dengan validitas dan reliabilitas setinggi mungkin.

Kuesioner pernyataan tentang citra tubuh berisi 15 pertanyaan. Skala ini terdiri atas 4 pilihan jawaban yaitu Sangat Tidak Setuju (STS), Tidak Setuju (TS), Setuju (S) dan Sangat Setuju (SS). Untuk penilaian pernyataan positif SS = 4, S = 3, TS = 2, STS = 1 dan untuk penilaian pernyataan negatif SS = 1, S = 2, TS = 3, STS = 4. Selanjutnya penetapan kategori berdasarkan nilai median, dikatakan positif jika $\geq 37,5$ dan dikatakan negatif jika $< 37,5$. Untuk kuesioner pernyataan tentang perilaku diet berisi 24 pertanyaan. Skala ini terdiri atas 4 pilihan jawaban yaitu Sangat Sesuai (SS), Sesuai (S), Tidak Sesuai (TS), Sangat Tidak Sesuai (STS). Untuk penilaian pernyataan positif SS = 4, S = 3, TS = 2, STS = 1 dan untuk penilaian pernyataan negatif SS = 1, S = 2, TS = 3, STS = 4. Selanjutnya penetapan kategori berdasarkan nilai median, dikatakan sesuai jika ≥ 60 dan dikatakan tidak sesuai jika < 60 .

Prosedur pengumpulan data dalam penelitian ini yaitu, setelah mendapatkan surat rekomendasi pengambilan data awal ke tempat penelitian, selanjutnya peneliti mengidentifikasi fakta yang ada di SMA Negeri 9 Manado melalui studi kasus di lapangan untuk mendapatkan data tentang masalah yang terjadi di tempat penelitian. Setelah mendapatkan

fenomena awal yang menjadi masalah di tempat penelitian kemudian peneliti mengidentifikasi masalah sebagai dasar penelitian, kemudian setelah didapatkan masalah sebagai dasar penelitian, peneliti menentukan judul penelitian dan lingkup penelitian berdasarkan data-data yang di peroleh dari studi kasus di lapangan. Selanjutnya peneliti menyusun proposal penelitian, menentukan populasi penelitian, dan subjek penelitian (sampel) memenuhi kriteria inklusi dan kriteria eksklusi. Setelah usulan proposal penelitian mendapat persetujuan untuk dilanjutkan menjadi sebuah penelitian, maka peneliti berhak untuk melanjutkan penelitian. Setelah surat izin untuk melakukan penelitian di tetapkan, selanjutnya peneliti dapat melakukan pengambilan data-data yang diperlukan untuk proses penelitian di tempat penelitian. Setelah data-data diperoleh, selanjutnya peneliti harus melakukan analisa data. Setelah proses analisa data selesai akan diperoleh hasil penelitian dari penelitian yang dilakukan. Setelah diperoleh hasil penelitian maka peneliti harus menyusun kesimpulan dan saran dari penelitian yang dilakukan. Setelah melewati tahap akhir ini, maka penelitian dapat dinyatakan selesai.

Pengolahan data yang diperoleh dari hasil penelitian ini diolah secara manual dengan mengelompokkan hasil dari lembar kuesioner yang dibagikan dan selanjutnya dilakukan analisis menggunakan program pengolah statistik. Setelah itu diolah menggunakan sistem komputerisasi, tahapan-tahapan tersebut yaitu *editing*, *coding* dan *entering*.

Teknik analisa data yang digunakan yaitu analisis univariat dan analisis bivariat. Analisis univariat bertujuan untuk mendeskripsikan atau menggambarkan setiap variabel yang akan diukur. Analisis bivariat yaitu analisa yang dilakukan terhadap dua variabel yang diduga memiliki korelasi, menggunakan uji *Chi-square* dengan derajat kemaknaan 95% ($\alpha \leq 0,05$). H_a

gagal ditolak jika nilai $p \leq 0,05$, artinya terdapat hubungan antara citra tubuh dengan perilaku diet, dan H_0 ditolak jika nilai $p \geq 0,05$ yakni tidak terdapat hubungan antara citra tubuh dengan perilaku diet.

Dalam melakukan penelitian, peneliti memperhatikan masalah-masalah etika penelitian yang meliputi : Menghormati harkat dan martabat manusia (*respect for human dignity*), menghormati privasi dan kerahasiaan subjek penelitian (*respect for privacy and confidentiality*), keadilan dan inklusivitas/keterbukaan (*respect for justice and inclusiveness*), memperhitungkan manfaat dan kerugian yang ditimbulkan (*balancing harms and benefits*).

HASIL DAN PEMBAHASAN

A. HASIL PENELITIAN

Analisis Univariat

Tabel 1. Distribusi berat badan remaja putri di SMA Negeri 9 Manado

| Berat badan (kg) | n | (%) |
|------------------|-----------|------------|
| 43-50 | 24 | 48,0 |
| 51-60 | 21 | 42,0 |
| >61 | 5 | 10,0 |
| Total | 50 | 100 |

Sumber : Data Primer, 2015

Berdasarkan tabel diatas terlihat bahwa dari 50 responden yang diteliti lebih banyak responden memiliki berat badan 43-50 kg.

Tabel 2. Distribusi tinggi badan remaja putri di SMA Negeri 9 Manado

| Tinggi badan (cm) | n | (%) |
|-------------------|-----------|------------|
| 148-160 | 29 | 58,0 |
| 161-168 | 21 | 42,0 |
| Total | 50 | 100 |

Sumber : Data Primer, 2015

Berdasarkan tabel diatas terlihat bahwa dari 50 responden yang diteliti lebih banyak responden memiliki tinggi badan 148-160 cm.

Tabel 3. Distribusi citra tubuh remaja putri di SMA Negeri 9 Manado

| Citra tubuh | n | (%) |
|--------------|-----------|------------|
| Negatif | 17 | 34,0 |
| Positif | 33 | 66,0 |
| Total | 50 | 100 |

Sumber: Data Primer, 2015

Berdasarkan tabel diatas terlihat bahwa jumlah responden yang memiliki citra tubuh positif lebih banyak.

Tabel 4. Distribusi perilaku diet remaja putri di SMA Negeri 9 Manado

| Perilaku diet | n | Persentase (%) |
|---------------|-----------|----------------|
| Tidak sesuai | 32 | 64,0 |
| Sesuai | 18 | 36,0 |
| Total | 50 | 100 |

Sumber : Data Primer, 2015

Berdasarkan tabel diatas terlihat bahwa dari 50 responden yang diteliti lebih banyak responden menjalankan perilaku diet yang tidak sesuai.

Analisis Bivariat

Tabel 5. Hubungan Citra Tubuh dengan Perilaku Diet pada Remaja Putri di SMA Negeri 9 Manado

| Citra tubuh | Perilaku diet | | | | Total | p |
|----------------|-----------------|------|--------|------|-------|------|
| | Tidak sesuai | | Sesuai | | | |
| | n | % | N | % | | |
| negatif | 17 | 100, | 0 | ,0 | 17 | 0,00 |
| positif | 15 | 45,5 | 18 | 54,5 | 33 | |
| Total | 32 | | 18 | | 50 | |

Sumber : Data Primer, 2015

Berdasarkan tabel diatas hasil uji *Chi-Square* dengan nilai $p = 0,000$. Penelitian ini mendapatkan hasil $p < \alpha$

(0,05), sehingga H_0 ditolak dan H_a diterima yang berarti ada hubungan antara citra tubuh dengan perilaku diet pada remaja putri di SMA Negeri 9 Manado.

PEMBAHASAN

Dari hasil penelitian menunjukkan bahwa semua responden berusia 17 tahun, dimana pada usia ini remaja menjadi sangat memperhatikan tubuh mereka dan membangun citranya sendiri mengenai bagaimana tubuh mereka di mata orang lain (Dieny, 2014).

Berdasarkan hasil penelitian, dari 50 responden sebanyak 24 (48,0%) responden mempunyai berat badan 43-50 kg, 21 (42,0%) responden dengan berat badan 51-60 kg dan 5 (10,0%) responden mempunyai berat badan >61 kg. Didapatkan juga hasil penelitian tinggi badan remaja putri di SMA Negeri 9 Manado ada sebanyak 29 (58,0%) responden memiliki tinggi badan 148-160 cm, dan sisanya yaitu 21 (42,0%) memiliki tinggi badan 161-168 cm. Dan dari penelitian ini ditemukan status gizi (IMT) remaja putri di SMA Negeri 9 Manado lebih banyak responden memiliki status gizi normal 25 (50,0%), sangat kurus 16 (32,0%), kurus 4 (8,0%), dan responden dengan kelebihan berat badan 5 (10%). Pada masa remaja terjadi kepedulian terhadap berat badan dan bentuk tubuh. Hal ini mendorong remaja untuk melakukan diet (Alhadar, Indiasari & Yustini, 2014).

Pada penelitian ini ditemukan adanya hubungan antara citra tubuh dengan perilaku diet pada remaja putri di SMA Negeri 9 Manado. Hasil dari penelitian ini juga sesuai dengan penelitian yang dilakukan oleh Yosephin, 2012. Hasil penelitian menunjukkan bahwa adanya hubungan antara citra tubuh dengan perilaku diet, kesesuaian perilaku diet yang dilakukan dipengaruhi oleh citra tubuh yang dimiliki. Citra tubuh adalah pandangan tentang penampilan fisik seseorang yang dibagi

menjadi citra tubuh positif dan citra tubuh negatif.

Dalam penelitian ini ditemukan bahwa sebagian besar responden memiliki citra tubuh positif. Citra tubuh positif dimana seseorang melihat tubuhnya sebagaimana mestinya, dia akan puas terhadap dirinya sendiri, merasa nyaman dan percaya diri. Dan sisanya responden yang memiliki citra tubuh negatif, seperti hasil penelitian dari Syahrir (2013) menunjukkan bahwa remaja di SMA Athirah Makassar memiliki persepsi *body image* yang negatif (mengalami ketidakpuasan terhadap bentuk tubuh). Citra tubuh seperti ini akan membuat seseorang mengalami gangguan makan dan terobsesi untuk mengurangi berat badannya (Prihaningtyas, 2013). Remaja yang belum mencapai bentuk tubuh ideal akan selalu berusaha untuk mencapainya. Menurut penelitian dari Andea (2010) semakin positif gambaran tubuh maka perilaku diet yang dilakukan akan semakin rendah, dan semakin negatif gambaran tubuh maka perilaku diet yang dilakukan akan semakin tinggi. Dalam penelitiannya remaja yang memiliki gambaran tubuh positif perilaku dietnya rendah, dan remaja yang memiliki gambaran tubuh negatif perilaku dietnya tinggi.

Hal ini juga terbukti dalam penelitian dari Husna (2013) sebagian responden penelitiannya termasuk dalam kriteria *body image* yang negatif dengan perilaku diet yang tinggi. Diet merupakan makanan yang ditentukan dan dikendalikan untuk tujuan tertentu. Dalam pengertian awam, remaja seringkali mengartikan sebagai pengurangan porsi makan dengan tujuan menurunkan berat badan untuk mencapai bentuk tubuh ideal. Namun sayangnya cara-cara yang dilakukan remaja seringkali tidak tepat (Dieny, 2014). Remaja putri menerapkan diet untuk menurunkan berat badannya dengan berbagai cara yang menurut mereka lebih

efektif, terkadang diet yang dilakukan membahayakan kesehatan tubuh mereka (Alhadar, Indiasari & Yustini, 2014).

Dalam penelitian ini ditemukan bahwa lebih banyak responden menjalankan perilaku diet yang tidak sesuai, sedangkan sisanya menjalankan perilaku diet yang sesuai. Kesesuaian perilaku diet yang dijalani remaja putri dipengaruhi oleh citra tubuh yang ada dalam diri remaja putri tersebut. Dalam penelitian ini lebih banyak responden yang memiliki status citra tubuh positif dengan perilaku diet yang tidak sesuai.

Menurut Wardle (1997) ada beberapa faktor yang mempengaruhi perilaku diet seperti kesehatan, kepribadian dan lingkungan (Putra, 2013). Penelitian dari Kurniangsih (2009) menunjukkan faktor individu dari responden adalah lebih dari sepertiga memiliki persepsi tubuh gemuk atau sangat gemuk, beberapa responden memiliki status gizi lebih, sedikit sekali responden yang memiliki percaya diri, dan lebih dari separuh responden memiliki tingkat pengetahuan diet yang kurang. Dalam penelitiannya juga adapun faktor lingkungan yang dapat memberikan pengaruh, lebih dari separuh responden dipengaruhi oleh media massa dalam memperhatikan bentuk tubuhnya, beberapa responden dipengaruhi oleh keluarga dan dipengaruhi teman sebaya dalam memperbaiki bentuk tubuhnya. Sepertiga responden memiliki tokoh idola yang mempengaruhi mereka dalam memperhatikan bentuk tubuhnya.

Pada penelitian ini terdapat hubungan antara citra tubuh dengan perilaku diet yang didukung dengan hasil penelitian dari beberapa peneliti sebelumnya, perilaku diet yang mereka jalani bukan hanya dipengaruhi oleh citra tubuh saja, tetapi ada juga beberapa faktor yang bisa mempengaruhi perilaku diet pada remaja seperti faktor individu dan faktor lingkungan. Remaja yang belum mencapai bentuk tubuh ideal akan selalu berusaha untuk mencapainya,

macam dan jenis upaya untuk mencapai tubuh yang ideal bervariasi tergantung tubuh idamannya (Dieny, 2014).

Hambatan dalam penelitian ini yaitu jam pelajaran siswa yang padat dan tidak mungkin menggunakan jam istirahat siswa untuk melakukan penelitian, jadi peneliti harus menunggu guru yang memungkinkan peneliti melakukan penelitian di dalam kelas tersebut, serta hambatan yang didapati oleh peneliti yaitu ketika ada siswa yang tidak hadir pada saat penelitian.

SIMPULAN

Citra tubuh remaja putri di SMA Negeri 9 Manado sebagian besar mempunyai citra tubuh positif. Perilaku diet remaja putri di SMA Negeri 9 Manado sebagian besar yaitu perilaku yang perilaku tidak sesuai. Dan terdapat hubungan yang bermakna antara citra tubuh dengan perilaku diet pada remaja putri di SMA Negeri 9 Manado.

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HUBUNGAN ANTARA *BODY IMAGE* DAN PERILAKU DIET MAHASISWI UNIVERSITAS ESA UNGGUL

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Abstrak

Mahasiswi yang masih termasuk dalam periode remaja akhir dalam proses perkembangannya mengalami perubahan, baik dari segi fisik maupun psikis. Perubahan yang sangat pesat ini menimbulkan respon tersendiri bagi mahasiswi, berupa tingkah laku yang sangat memperhatikan perubahan bentuk tubuhnya dan membangun citra tubuh atau *body image*. Kepedulian terhadap *body image* atau citra tubuh yang ideal mengarah kepada usaha obsesif untuk mengendalikan berat badan. Pada umumnya mahasiswi melakukan diet, berolahraga, mengonsumsi obat pelangsing dan lain-lain untuk mendapatkan berat badan yang ideal. Penelitian ini bersifat kuantitatif korelasional *non-eksperimental* dengan sampel sebanyak 90 mahasiswi. Alat ukur yang digunakan adalah Skala *Body Image* dan Skala Perilaku Diet yang dibuat berdasarkan skala *Likert*. Analisa data menggunakan perhitungan korelasi *Pearson Product Moment* diperoleh korelasi sebesar 0,251 dengan nilai sig. 0,017 ($p < 0,05$), artinya terdapat hubungan positif dan signifikan antara *body image* dan perilaku diet mahasiswi Universitas Esa Unggul. Mahasiswi yang memiliki *body image* positif lebih banyak dibandingkan dengan mahasiswi yang memiliki *body image* negatif. Sedangkan perilaku diet sehat pada mahasiswi Universitas Esa Unggul lebih banyak daripada diet tidak sehat. Sebagian besar mahasiswi yang melakukan diet sehat ataupun diet tidak sehat memiliki Indeks Massa Tubuh (IMT) normal.

Kata Kunci: Mahasiswi, *Body Image*, Perilaku Diet.

Pendahuluan

Sebagai remaja, mahasiswi merupakan sosok individu yang sedang dalam proses perubahan dari masa kanak-kanak menuju masa dewasa. Perubahan-perubahan tersebut terjadi baik secara fisik, biologis maupun psikologis dan sosial. Perubahan fisik yang sangat pesat ini menimbulkan respon tersendiri bagi mahasiswi, berupa tingkah laku yang sangat memperhatikan perubahan bentuk tubuhnya dan membangun citra tubuh atau *body image*. *Body image* merupakan sikap yang dimiliki seseorang terhadap tubuhnya berupa penilaian positif atau negatif (Cash & Pruzinsky dalam Andea, 2010).

Body image atau citra tubuh lebih sering dikaitkan dengan wanita daripada pria karena wanita cenderung lebih memperhatikan penampilan (Mappiare dalam Bestiana, 2012). Perubahan-perubahan fisik yang dialami oleh mahasiswi, terutama pada masa remaja, menghasilkan persepsi yang berubah-ubah mengenai citra tubuhnya, namun hampir selalu bersifat negatif dan menunjukkan penolakan terhadap fisiknya (Suryanie dalam Bestiana, 2012).

Ketidakpuasan seseorang terhadap tubuhnya bisa muncul karena orang tersebut telah memiliki konsep tubuh ideal dalam pikirannya, namun dia merasa bahwa tubuhnya sendiri tidak atau belum memenuhi kriteria tubuh ideal tersebut (Cash &

Szymansk dalam Grogan, 1999). Berdasarkan hasil penelitian Sari (2009) mengenai hubungan antara perilaku konsumtif dengan *body image*, diketahui bahwa pada umumnya setiap wanita memiliki standar-standar tertentu tentang sosok ideal yang didambakan. Misalnya standar cantik ia berpostur tubuh tinggi, langsing, dan berkulit putih. Pentingnya citra tubuh yang ideal tersebut tidak terlepas dari adanya provokasi media, baik itu media cetak ataupun media elektronik. Hal tersebut sejalan dengan pendapatnya Tiggeman (dalam Sari, 2009) yang mengatakan bahwa majalah-majalah wanita terutama majalah fashion, film dan televisi menyajikan gambar model-model yang kurus sebagai figure yang ideal sehingga menyebabkan banyak wanita merasa tidak puas dengan dirinya dan mengalami gangguan makan. Inilah yang telah mempengaruhi pemikiran tentang tubuh ideal pada mahasiswi.

Pemikiran ini diperkuat oleh Cash (dalam Seawell & Danorf-Burg, 2005) yang mengatakan bahwa bagaimana citra tubuh seseorang itu dapat dilihat dari evaluasi penampilan, yaitu mengukur evaluasi dari penampilan dan keseluruhan tubuh, apakah menarik atau tidak menarik serta memuaskan dan tidak memuaskan. Selain itu juga dapat dilihat melalui orientasi penampilan, seperti perhatian individu terhadap penampilan dirinya dan usaha yang dilakukan untuk memperbaiki dan

meningkatkan penampilan dirinya. Cara lain dapat dilihat melalui kepuasan terhadap bagian tubuh yaitu mengukur kepuasan individu terhadap bagian tubuh secara spesifik. Ketidakpuasan seseorang terhadap tubuhnya dapat menimbulkan kecemasan. Kecemasan menjadi gemuk dan pengkategorian ukuran tubuh juga menggambarkan bagaimana citra tubuh orang itu. Berikut ini adalah hasil wawancara singkat pada salah satu mahasiswi Universitas Esa Unggul berusia 21 tahun :

“saya merasa kalau muka saya itu bulet dan lebar, apalagi ketika abis makan saya merasa kalau wajah saya itu jadi lebih bulet dan badan saya berasa lebih lebar, saat itu saya merasa menyesal karena sudah makan dan saya juga merasa cemas dan tidak suka kalau muka saya terlihat bulet, walaupun teman saya mengatakan kalau muka saya biasa saja”

Hasil wawancara di atas menggambarkan bahwa mahasiswi tersebut menilai wajah dan badannya terlihat lebar. Kondisi tersebut membuat ia merasa penampilannya kurang menarik dan juga merasa cemas. Kecemasan yang disebabkan oleh ketidakpuasan terhadap bentuk tubuhnya. Mahasiswa dalam tugas perkembangannya diharuskan mampu membina hubungan baik dengan lawan jenis (Hurlock dalam Ali & Asrori, 2008). Banyak mahasiswi yang mengutamakan penampilan fisik dalam pergaulan dengan teman yang sejenis kelamin ataupun dari lawan jenis kelamin. Mereka masih menonjolkan hal-hal fisik yang nampak dari luar. Oleh sebab itu, mahasiswi berusaha untuk tampil sebagai seorang individu yang menarik perhatian orang lain, baik dengan teman yang sejenis kelamin maupun dari lawan jenis. Agar dapat tampil semenarik mungkin, maka mahasiswi mengupayakan supaya tubuhnya langsing dan menghindari kegemukan atau berusaha memiliki bentuk tubuh yang ideal (Dariyo, 2004). Kepedulian terhadap *body image* atau citra tubuh yang ideal dapat mengarah kepada usaha obsesif untuk mengendalikan berat badan (Papalia, 2009). Pada umumnya mahasiswi melakukan diet, berolahraga, melakukan perawatan tubuh, mengkonsumsi obat pelangsing dan lain-lain untuk mendapatkan berat badan yang ideal (Decey & Kenny dalam Andea, 2010).

Diet merupakan salah satu usaha yang dilakukan sebagai upaya untuk menurunkan berat badan seseorang (Wirakusuma dalam Putri, 2008). Penelitian yang dilakukan Erdianto (2009) terhadap kecenderungan penyimpangan perilaku makan pada mahasiswi di FISIP UI mengatakan bahwa meskipun IMT (Indeks Massa Tubuh) responden normal, tetap merasa bahwa diri mereka gemuk (38,8%). Perasaan gemuk dirasakan oleh mahasiswi

karena tubuh yang terlihat besar (81,5%) sehingga tidak terlihat menarik. Selain itu, responden juga takut jika berat badan naik dan menjadi gemuk (28,7%). Sebanyak 40,3% responden pernah berdiet dalam kurun waktu satu tahun terakhir. Alasan terbanyak dari mahasiswi berdiet adalah keinginan untuk mencegah naiknya berat badan (85,2%) dan keinginan untuk mendapat bentuk tubuh yang menarik (81,5%). Dengan kata lain, dari hasil penelitian di atas terlihat bahwa penilaian dan perasaan serta perhatian mahasiswi terhadap penampilan tubuhnya membuat mereka melakukan praktik penurunan berat badan agar terlihat menarik secara fisik. Di bawah ini merupakan wawancara singkat dengan salah satu mahasiswi Universitas Esa Unggul: *“saya pernah melakukan diet dengan mengatur pola makan gitu, jadi karbohidratnya itu dikurangi, jadi kalo setiap pagi itu saya hanya minum susu khusus diet atau mengurangi makan malam, jadi kalo udah jam 5 sore keatas udah ga makan lagi. akibat dari diet tersebut maag saya sering kambuh karena tidak makan malam dan itu tersiksa banget karena ulu hatinya perih, saya melakukan diet itu untuk ngurusin badan dan juga ingin mendapatkan tubuh yang proporsional, saya merasa kalo badan saya itu gemuk, jadi kalo berat badan saya turun jadi segini, kayanya terlihat proporsional aja”*

Berdasarkan hasil wawancara, terlihat bahwa mahasiswi tersebut melakukan diet dengan mengatur pola makannya untuk mendapatkan bentuk tubuh proporsional yang diinginkannya, walaupun perilaku diet tersebut telah menimbulkan dampak negatif pada kesehatannya, yaitu penyakit maag yang sering kambuh. Perilaku diet yang sering dilakukan ada yang sehat dan ada pula yang tidak sehat. Perilaku diet sehat yaitu mengkonsumsi sayur dan buah, mengurangi makanan yang berlemak, meningkatkan olah raga, mengurangi cemilan dan mengurangi makanan yang berkarbohidrat tinggi. Sedangkan perilaku diet yang tidak sehat, seperti puasa (diluar ibadah), tidak makan dengan sengaja, penggunaan pil-pil diet, memperbanyak merokok, penahan nafsu makan atau *laxative*, menggunakan *diuretic* (obat penyerap kadar air dalam tubuh), muntah dengan sengaja, tidak makan daging sama sekali, dan tidak makan makanan yang mengandung karbohidrat sama sekali (French, Perry, Leon, & Fulkerson dalam Elga, 2007).

Dari penelitian yang dilakukan oleh Wal (2011) di Saint Louis University, USA kepada 2409 remaja perempuan didapatkan data bahwa pola perilaku mengontrol berat badan yang tidak sehat yang banyak dilakukan adalah 46,6% remaja perempuan sengaja melewatkan makan (sarapan, makan siang, ataupun makan malam), 16% remaja

perempuan berpuasa untuk menguruskan badan, 12,9% remaja perempuan membatasi atau menolak satu jenis makanan atau lebih untuk diet yang ketat, 8,9% remaja perempuan menggunakan pil-pil diet atau pil-pil pengurus badan, 6,6% remaja perempuan merokok untuk menurunkan berat badan, dan 6,6% remaja perempuan memuntahkan makanan dengan paksa (Wal, 2011).

Perilaku diet dapat menimbulkan masalah apabila hal tersebut dilakukan tanpa pengawasan ahli. Mahasiswa yang melakukan diet sering kali tidak memperhitungkan dampak negatifnya. Diet yang ditempuh mahasiswa sering tidak sesuai dengan aturan kesehatan, mereka hanya memikirkan bagaimana menjadi kurus dengan cepat dan mudah tanpa melihat akibat yang akan ditimbulkan oleh diet yang dilakukan (Wirakusumah dalam Oktananda, 2008). Artinya, mereka melakukan diet bukan untuk kesehatan, melainkan hanya demi mendapatkan penampilan yang menarik dan memperoleh tubuh yang kurus.

Dari hasil penelitian yang dilakukan oleh Yosephin (2012) pada 100 Mahasiswa FISIP UI didapatkan 49 mahasiswa yang memiliki citra tubuh positif dengan 33 mahasiswa menjalankan perilaku diet yang sesuai dan 16 mahasiswa menjalankan perilaku diet tidak sesuai. Sementara itu, 51 mahasiswa memiliki citra tubuh negatif dengan 21 mahasiswa menjalankan perilaku diet yang sesuai dan 30 mahasiswa menjalankan perilaku diet tidak sesuai. Dengan kata lain, dari hasil penelitian diatas terlihat bahwa mahasiswa yang memiliki citra tubuh positif lebih cenderung melakukan diet yang sesuai daripada diet tidak sesuai. Sebaliknya, mahasiswa yang memiliki citra tubuh negatif lebih cenderung melakukan diet tidak sesuai daripada diet sesuai.

Diet yang dilakukan mahasiswa bukanlah hal yang dapat disepelekan. Mahasiswa termasuk dalam remaja akhir yang tubuhnya sedang berkembang pesat dan sudah seharusnya mendapatkan komponen nutrisi penting yang dibutuhkan untuk berkembang (Hill, Oliver, & Rogers dalam Elga, 2007). Kebiasaan diet pada mahasiswa dapat membatasi masukan nutrisi yang mereka butuhkan untuk perkembangan tubuh. Selain merugikan kesehatan secara fisik, pola diet tidak sehat dan berlebihan dapat mengganggu kesehatan mental seseorang. Tubuh yang tidak mendapatkan cukup kalori dan kekurangan energi dapat mempengaruhi kondisi psikologis. Seseorang merasa stress dan mudah tersinggung saat merasa lapar akibat diet yang ketat. Bahkan, dalam tingkat yang lebih lanjut dapat menyebabkan depresi yang parah (DuniaFitnes.com). Diet yang ditempuh mahasiswa sering tidak sesuai dengan aturan kesehatan, mereka hanya memikirkan bagaimana menjadi kurus dengan cepat dan mudah

tanpa melihat akibat yang akan ditimbulkan oleh diet yang dilakukan (Wirakusumah dalam Oktananda, 2008) Diet pada mahasiswa juga dapat menjadi sebuah titik awal berkembangnya gangguan pola makan (Polivy & Herman dalam Elga, 2007). Hal tersebut dapat menjadi bukti bahwa perilaku diet dapat membawa dampak yang buruk bagi kesehatan, baik secara fisik maupun psikis pada mahasiswa yang melakukannya. Keinginan untuk memperoleh tubuh yang kurus melalui diet, akhirnya tidak tercapai bahkan menimbulkan masalah yang lebih serius hingga terjadi gangguan fisik dan gangguan pola makan.

Ogden (2002) menyatakan bahwa orang-orang yang mempunyai keinginan untuk mengubah bentuk tubuhnya tidak selalu melakukan diet. Beberapa orang memilih untuk mengenakan baju-baju yang membuat mereka terlihat kurus atau melakukan jalan pintas melalui operasi. Sedangkan Hurlock (1984) menyatakan sebaliknya, bahwa meskipun pakaian dan alat-alat kecantikan dapat digunakan untuk menyembunyikan bentuk-bentuk fisik yang tidak disukai remaja dan untuk menonjolkan bentuk fisik yang dianggap menarik, tetapi belum cukup menjamin untuk merasa puas dengan tubuhnya. Hal tersebut menunjukkan bahwa ketika seseorang merasa tidak puas dengan tubuhnya belum tentu melakukan diet, melainkan ada beberapa cara lain yang dapat mereka pilih untuk memperbaiki penampilannya.

Metode Penelitian

Penelitian ini merupakan penelitian kuantitatif yang bersifat non-eksperimental, karena data dalam penelitian ini berupa angka-angka dan analisis menggunakan statistik (Sugiyono, 2009). Berdasarkan tujuan penelitian, penelitian ini termasuk dalam penelitian korelasional, karena ingin mengetahui hubungan antar variabel, yaitu antara variabel *body image* dan variabel perilaku diet pada mahasiswa Universitas Esa Unggul. Populasi adalah wilayah generalisasi yang terdiri atas: obyek/subjek yang mempunyai kualitas dan karakteristik tertentu yang ditetapkan oleh peneliti untuk dipelajari dan kemudian ditarik kesimpulannya. (Sugiyono, 2009). Populasi dari penelitian ini adalah mahasiswa Universitas Esa Unggul regular aktif angkatan 2010-2012 yang berjumlah 1801 mahasiswa. Sampel adalah bagian dari jumlah dan karakteristik yang dimiliki oleh populasi tersebut (Sugiyono, 2009). Jumlah sampel yang digunakan dari total populasi 1801 mahasiswa dengan sampel sebesar 5%, maka pada penelitian ini digunakan sampel sebanyak 90 mahasiswa. Penelitian ini menggunakan tabel *Yount* dalam menentukan besarnya sampel penelitian (Widiyanto, 2007). Dalam penelitian ini, uji

validitas menggunakan *construct validity*. Dengan item dikatakan valid bila nilai koefisien validitas per item berada pada nilai 0,3 (Sugiyono, 2009).

Reliabilitas alat ukur pada penelitian ini akan diuji dengan teknik *internal consistency*, yaitu mencoba alat ukur sekali saja untuk memperoleh data yang akan dianalisis dengan rumus tertentu (Sugiyono, 2009). Sedangkan teknik pengkategorisasian positif, sedang, dan negatif terhadap *body image* dan perilaku diet menggunakan perhitungan interpretasi skor berdasarkan nilai rata-rata (mean) dan standar deviasi.

Hasil dan Pembahasan

Berdasarkan 90 data yang diperoleh, rentang usia subjek berada pada usia remaja akhir, yaitu 18 – 22 tahun. Pada penelitian ini dapat diketahui bahwa subjek yang berusia 18 tahun sebanyak 20 mahasiswi (22%), berusia 19 tahun sebanyak 19 mahasiswi (21%), berusia 20 tahun sebanyak 28 mahasiswi (31%), berusia 21 tahun sebanyak 19 mahasiswi (21%), dan berusia 22 tahun sebanyak 4 mahasiswi (5%).

Berdasarkan hasil data diri dari 90 mahasiswi, dapat diketahui terdapat 16 mahasiswi ekonomi (18%), 4 mahasiswi teknik (4%), 16 mahasiswi ilmu kesehatan (18%), 4 mahasiswi hukum (4%), 13 mahasiswi ilmu komunikasi (14%), 9 mahasiswi fisioterapi (10%), 8 ilmu komputer (9%), 16 mahasiswi psikologi (18%), dan 4 mahasiswi FDIK (4%).

Berdasarkan hasil keseluruhan isian data diri mahasiswa, diperoleh angkatan 2010 sebanyak 18 mahasiswi (20%), angkatan 2011 sebanyak 36 (40%), dan angkatan 2012 sebanyak 36 (40%).

Berdasarkan hasil data dari 90 mahasiswi, dapat diketahui terdapat 9 mahasiswi yang memiliki IMT kurus (10%), 61 mahasiswi yang memiliki IMT normal (68%), 9 mahasiswi yang memiliki IMT kegemukan tingkat 1 (10%), dan 11 mahasiswi memiliki IMT kegemukan tingkat 2 (12%).

Berdasarkan hasil *crosstab* IMT dengan fakultas, dapat diperoleh bahwa fakultas ekonomi, teknik, ilmu kesehatan, hukum, komunikasi, fisioterapi, psikologi dan ilmu komputer lebih banyak memiliki Indeks Massa Tubuh (IMT) normal. Sedangkan untuk FDIK lebih banyak memiliki Indeks Massa Tubuh (IMT) normal dan kegemukan tingkat 1.

Hasil Uji Normalitas

Body Image

Berdasarkan hasil uji normalitas data dengan menggunakan *One-Sampel Kolmogorov-Smirnov Test* diperoleh hasil nilai sig. (p) = 0,852 (p

> 0,05), artinya distribusi data dalam penelitian ini normal.

Perilaku Diet

Berdasarkan hasil uji normalitas data dengan menggunakan *One-Sampel Kolmogorov-Smirnov Test* diperoleh hasil nilai sig. (p) = 0,821 (p > 0,05), artinya distribusi data dalam penelitian ini normal.

Analisa Data

Hubungan Antara Body Image dan Kece- masan

Berdasarkan analisis *Pearson Product Moment* dengan menggunakan SPSS 17.0, diperoleh hasil nilai korelasi sebesar 0,251 dan nilai sig (p) = 0,017 (p < 0,05). Hasil tersebut menunjukkan bahwa terdapat hubungan positif yang signifikan antara *body image* dengan perilaku diet atau H_1 diterima. Artinya semakin positif *body image* yang dimiliki mahasiswi maka semakin sehat perilaku diet yang dilakukan. Demikian pula sebaliknya semakin negatif *body image* yang dimiliki oleh mahasiswi maka semakin tidak sehat perilaku diet yang dilakukan. Hal ini sesuai dengan pendapat Papalia (2009), yang mengatakan bahwa kepedulian terhadap *body image* atau citra tubuh yang ideal dapat mengarah kepada usaha obsesif untuk mengendalikan berat badan. Sehingga para mahasiswi pun melakukan berbagai cara untuk mengontrol berat badannya agar mendapatkan citra tubuh yang ideal dan terlihat menarik. Pada umumnya mahasiswi melakukan diet, berolahraga, melakukan perawatan tubuh, mengonsumsi obat pelangsing dan lain-lain untuk mendapatkan berat badan yang ideal (Dacey & Kenny dalam Andea, 2010).

Mahasiswi yang memiliki *body image* positif akan merasa puas dengan tubuhnya, merasa bentuk tubuh dan berat badannya ideal. Keinginan-keinginan untuk menjadikan berat badan tetap optimal dengan menjaga pola makan yang teratur, membuat persepsi terhadap *body image* atau citra tubuh yang baik akan sesuai dengan keinginannya (Thompson dalam Ridha, 2012). Agar tubuhnya tetap menarik dan ideal, seringkali mahasiswi menjaga perilaku makan dan perilaku sehatnya. Perilaku sehat yang dapat diasosiasikan dengan diet, seperti pengurangan kalori, memperbanyak olahraga, memperbanyak makan buah dan sayur, mengurangi cemilan, mengurangi asupan lemak, mengurangi permen atau makanan manis, mengurangi porsi makan yang dikonsumsi, mengubah tipe makan, mengurangi konsumsi daging, mengurangi makanan yang berkarbohidrat tinggi, dan mengonsumsi makanan-makanan rendah kalori (French, Perry, Leon, & Fulkerson dalam Elga, 2007). Diet sehat ini dapat

membuat seseorang memiliki tubuh ideal tanpa mendatangkan efek samping yang berbahaya bagi tubuh.

Sedangkan pada mahasiswi dengan *body image* negatif adalah mahasiswi yang merasa tidak puas terhadap tubuhnya, menilai citra tubuhnya tidak ideal atau bentuk tubuh dan berat badan tidak sesuai dengan keinginannya. Rasa tidak puas yang dirasakan mahasiswi cenderung mengarah kepada bentuk dan berat badannya. Menurut Dacey dan Kenny (dalam Sari, 2009) bertambahnya berat badan yang dramatis pada mahasiswi dapat mengakibatkan mahasiswi mempersepsi bahwa diri mereka tersebut dalam kategori gemuk. Padahal pada kenyataannya ukuran berat badan sudah sesuai dengan tinggi badan mereka sehingga mahasiswi lebih sering melakukan diet untuk mengurangi berat badan mereka. Seseorang yang berdiet semata-mata bertujuan untuk memperbaiki penampilan akan cenderung menempuh cara-cara yang tidak sehat untuk menurunkan berat badan mereka, seperti berpuasa (di luar niat ibadah) atau melewatkan waktu makan dengan sengaja, penggunaan obat penurun berat badan, penahanan nafsu makan, dan muntah dengan disengaja (Kim & Lennon dalam Elga, 2007).

Gambaran Kategorisasi Body Image

Berdasarkan hasil perhitungan kategorisasi dihasilkan bahwa mahasiswi yang memiliki *body image* positif sebanyak 26 mahasiswi (29%), *body image* sedang sebanyak 43 mahasiswi (48%) dan *body image* negatif sebanyak 21 mahasiswi (23%). Dengan demikian yang paling banyak adalah kategori sedang, tetapi yang memiliki *body image* positif lebih banyak daripada yang negatif.

Hasil penelitian memperlihatkan bahwa sebanyak 26 mahasiswi memiliki *body image* positif (29%). Berdasarkan dimensi-dimensi yang dikemukakan oleh Cash (dalam Seawell & Danorf-Burg, 2005), pada dimensi *appearance evaluation* (evaluasi penampilan), mahasiswi merasa penampilan dan keseluruhan tubuhnya menarik serta memuaskan. Dimensi *appearance orientation* (orientasi penampilan), mahasiswi memperlihatkan perhatian terhadap penampilan dirinya serta usaha yang dilakukan untuk memperbaiki dan meningkatkan penampilan dirinya sudah merasa terlihat menarik. Dimensi *body area satisfaction* (kepuasan terhadap bagian tubuh), mahasiswi merasa puas terhadap wajahnya, tubuh bagian bawah (pantat, paha, pinggul, kaki), tubuh bagian tengah (pinggang, perut), tubuh bagian atas (dada, bahu, lengan) dan penampilan secara keseluruhan. Dimensi *overweight preoccupation* (kecemasan menjadi

gemuk), mahasiswi merasa tidak cemas terhadap kegemukan, tidak khawatir terhadap berat badan yang bertambah, serta kecenderungan melakukan diet dan membatasi pola makan yang rendah. Terakhir dimensi *self-classified weight* (pengkategorian ukuran tubuh), mahasiswi merasa berat badannya normal. Mereka yang memiliki *body image* positif menyatakan “Saya merasa puas dengan penampilan fisik saya saat ini” (item no 1), “Saya bangga dengan bentuk tubuh saya” (item no 2), “Berat badan saya berada dalam kategori yang ideal” (item no 24). Hal tersebut menunjukkan bahwa mahasiswi Universitas Esa Unggul yang memiliki *body image* positif, cenderung merasa puas dan bangga dengan penampilan fisiknya serta menilai citra tubuhnya ideal.

Sedangkan sebanyak 21 mahasiswi memiliki *body image* negatif (23%). Berdasarkan dimensi-dimensi yang dikemukakan oleh Cash (dalam Seawell & Danorf-Burg, 2005), pada dimensi *appearance evaluation* (evaluasi penampilan), mahasiswi merasa penampilan dan keseluruhan tubuhnya tidak menarik serta tidak memuaskan. Dimensi *appearance orientation* (orientasi penampilan), mahasiswi memperlihatkan perhatian terhadap penampilan dirinya serta usaha yang dilakukan untuk memperbaiki dan meningkatkan penampilan dirinya tidak terlihat menarik. Dimensi *body area satisfaction* (kepuasan terhadap bagian tubuh), mahasiswi merasa tidak puas terhadap wajahnya, tubuh bagian bawah (pantat, paha, pinggul, kaki), tubuh bagian tengah (pinggang, perut), tubuh bagian atas (dada, bahu, lengan) dan penampilan secara keseluruhan. Dimensi *overweight preoccupation* (kecemasan menjadi gemuk), mahasiswi merasa cemas terhadap kegemukan, merasa khawatir terhadap berat badan yang bertambah, serta kecenderungan melakukan diet dan membatasi pola makan yang cenderung tinggi. Terakhir dimensi *self-classified weight* (pengkategorian ukuran tubuh), mahasiswi merasa berat badannya tidak normal. Memiliki *body image* yang negatif menyatakan bahwa “Ukuran berat badan saya tidak normal” (item no 18), “Berat badan saya saat ini tidak ideal” (item no 19), “Saya kurang nyaman dengan bentuk tubuh saya saat ini” (item no 20). Hal ini menunjukkan bahwa mahasiswi Universitas Esa Unggul yang memiliki *body image* negatif, cenderung menilai dirinya tidak ideal, tidak puas dan tidak nyaman terhadap tubuhnya.

Sedangkan mahasiswi yang memiliki *body image* sedang juga merasa kurang puas dengan salah satu bagian tubuhnya namun hal tersebut tidak terlalu mengganggu dirinya dan masih merasa nyaman dengan penampilan fisiknya. Pada penelitian ini kategori *body image* difokuskan pada

body image positif dan negatif, dengan hasil yang didominasi pada *body image* sedang yaitu 47 % mahasiswa.

Gambaran Kategorisasi Jenis Perilaku Diet

Berdasarkan hasil perhitungan kategorisasi dihasilkan bahwa jenis perilaku diet yang dominan pada variabel perilaku diet adalah jenis perilaku diet sehat yaitu 48 mahasiswa dari 90 sampel penelitian dibandingkan dengan jenis perilaku diet tidak sehat sebesar 42 mahasiswa. Mahasiswa yang melakukan diet sehat menyatakan bahwa “*Saya mengatur porsi makan saya agar tidak terlalu banyak*” (item no 1), “*Saya mengurangi makanan yang berlemak*” (item no 3), “*Saya banyak mengonsumsi sayur-sayuran*” (item no 4), “*Ketika ada waktu luang, saya menyempatkan diri untuk jogging*” (item no 9), “*Saya mengurangi makanan manis*” (item no 8). Dengan kata lain, mahasiswa yang diet sehat cenderung mengatur pola makannya dan juga melakukan aktivitas olahraga. Hal tersebut sesuai dengan teori French, dkk (dalam Elga, 2007) yang mengatakan bahwa diet dapat diasosiasikan dengan perubahan perilaku kearah yang lebih sehat, seperti mengubah pola makan dengan mengonsumsi makanan rendah kalori atau rendah lemak, dan menambah aktivitas fisik secara wajar. Ogden (2010) juga mengatakan salah satu pola makan sehat yang dianjurkan yaitu mengurangi konsumsi cemilan atau makanan yang mengandung gula, seperti keripik kentang, permen dan lain-lain. Diet sehat dapat dilakukan dengan cara mengurangi masukan kalori kedalam tubuh namun tetap menjaga pola makan yang dianjurkan oleh pedoman gizi seimbang (Anwar dalam Elga 2007).

Sedangkan mahasiswa yang melakukan diet tidak sehat menyatakan bahwa “*Saya menggunakan obat penahan nafsu makanan*” (item no 8), “*Saya sengaja memuntahkan makanan*” (item no 10), “*Saya mengurangi berat badan dengan berpuasa*” (item no 13), “*Saya menggunakan obat penyerap air dalam tubuh (diuretic)*” (item no 20). Dengan kata lain, mahasiswa yang diet tidak sehat cenderung menempuh cara-cara yang tidak sehat untuk mengontrol berat badannya. Hal tersebut sejalan dengan teori French, dkk (dalam Elga, 2007) yang mengatakan bahwa diet tidak sehat dapat diasosiasikan dengan perilaku yang membahayakan kesehatan dapat dilakukan dengan berpuasa (di luar niat ibadah) atau melewatkan waktu makan dengan sengaja, penggunaan obat penurun berat badan, penahan nafsu makan, muntah dengan disengaja, dan *binge eating*.

Peneliti juga memberikan gambaran Indeks Massa Tubuh (IMT) dengan perilaku diet, dapat

diperoleh bahwa mahasiswa yang memiliki IMT kurus dan normal cenderung melakukan diet sehat, sedangkan mahasiswa yang memiliki IMT normal, kegemukan tingkat 1 dan 2 cenderung melakukan diet tidak sehat. Dari data tersebut juga dapat disimpulkan bahwa mahasiswa yang melakukan diet sehat ataupun diet tidak sehat lebih banyak memiliki Indeks Massa Tubuh (IMT) normal, yaitu sebanyak 61 mahasiswa. Hal tersebut sejalan dengan yang dikatakan oleh Wirakusumah (dalam Siswanti, 2007), walaupun tubuh mereka sudah proporsional berdasarkan perhitungan Indeks Massa Tubuh (IMT), namun kebanyakan dari mereka masih berkeinginan untuk menurunkan berat badan mereka. Hal tersebut kemungkinan dikarenakan mahasiswa dengan IMT normal masih menganggap bahwa diri mereka gemuk dan tidak menarik, sehingga memiliki keinginan yang tinggi untuk memiliki tubuh langsing yang didapatkan dengan cara berdiet. Bahkan dalam penelitian ini, terdapat 9 mahasiswa dengan kategori IMT kurus yang juga melakukan diet. Kondisi ini dikarenakan masih banyak mahasiswa yang mengutamakan penampilan fisik dalam pergaulan dengan teman yang sejenis kelamin ataupun dari lawan jenis kelamin. Mereka masih menonjolkan hal-hal fisik yang nampak dari luar. Oleh sebab itu, mahasiswa berusaha untuk tampil sebagai seorang individu yang menarik perhatian orang lain, baik dengan teman yang sejenis kelamin maupun dari lawan jenis. Agar dapat tampil semenarik mungkin, maka mahasiswa mengupayakan supaya tubuhnya langsing dan menghindari kegemukan atau berusaha memiliki bentuk tubuh yang ideal (Dariyo, 2004).

Kesimpulan

Korelasi antara *body image* dengan perilaku diet adalah 0,251 dan nilai sig (p) sebesar 0,017 ($p < 0,05$). Hal tersebut menunjukkan bahwa terdapat hubungan positif yang signifikan antara *body image* dengan perilaku diet pada mahasiswa Universitas Esa Unggul. Artinya semakin positif *body image* yang dimiliki mahasiswa maka semakin sehat perilaku diet yang dilakukan. Demikian pula sebaliknya semakin negatif *body image* yang dimiliki oleh mahasiswa maka semakin tidak sehat perilaku diet yang dilakukan.

Pada kategorisasi variabel *body image*, mahasiswa Universitas Esa Unggul masuk kedalam kategori sedang (47%), dan mahasiswa yang memiliki *body image* positif (29%) lebih banyak daripada *body image* negatif (23%).

Dari hasil kategorisasi variabel perilaku diet, jenis perilaku diet sehat lebih dominan (53%) daripada jenis perilaku diet tidak sehat (47%). Sebagian besar mahasiswa yang melakukan diet

sehat ataupun diet tidak sehat memiliki Indeks Massa Tubuh (IMT) normal.

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Why Adolescents Are Not Happy With Their Body Image?

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Abstract

Adolescent girls are highly aware of their appearance and invest significant cognitive and emotional resources in their relation with the physical body. A plethora of studies illustrate that in this developmental period, girls are over-concerned with weight and shape and are susceptible to adopt unhealthy appearance management strategies. The article aims to investigate characteristics of body image in adolescence as well as factors that contribute to body image dissatisfaction. We analyze the importance of appearance for adolescent girls by looking at its effects on self-esteem and at its role in social relations. We also focus on the mechanisms that shape the attitude toward body image by exploring how messages from media and significant others are received and internalized. Last, we analyze empirical data available for Romanian girls and suggest possible key areas for interventions

Keywords: adolescence, body image, thinness ideal, social relations

Introduction

Adolescence is a time period with significant physical changes to which the person has to adjust. Among significant challenges, first intimate relationships bring to front the relevance of physical attractiveness in self-evaluation. This context facilitates a focus of attention on the physical body which is analyzed, compared and evaluated against the appearance of peers and the social norms. Body image, as “a person’s perceptions, thoughts and feelings about own body”, becomes one of the central focuses of adolescents (Grogan, 2008, p.3). The perceptive dimension refers to the mental representation of the physical body. Thoughts and feelings contribute to the attitude dimension. Regarding the attitude toward body, researchers distinguish between appraisal of appearance (satisfaction / dissatisfaction) and the importance placed on appearance (Cash & Pruzinski, 2002).

Studies show that, in adolescence, body image is more relevant for self-esteem compared to adulthood (Grogan, 2008). Girls’ ideal of thinness becomes evident even in preadolescence with some studies showing that around 50% of girls aged 9 to 12 years old would like to have a thinner body (Sands & Wardle, 2003). Also, girls prefer to be underweight rather than having a weight above average: girls aged 9 to 18 years old with BMI above the 50th percentile were more dissatisfied with their body image compared to girls below the 50th percentile (Calso, Sonnevile, Haines, Blood, Field, & Austin, 2012). For these reasons, more and more adolescents resort to cosmetic surgeries in order to alter parts of their body. From less invasive procedures such as Botox injections to more extensive and complicated cosmetic surgeries, the interventions have a single purpose: to improve appearance. Studies show that these procedures are considered an option especially when a person experiences high levels of body shame and uses appearance fixing as a strategy to cope with dissatisfaction. In high developed societies, cosmetic surgery is perceived as a routine if the shape of body and/or face doesn’t correspond with the ideal standards. If in Asian societies, the tendency is to alter the traditional face traits, in Western Europe and United States of America, teenage girls are mostly preoccupied with their weight and body shape. They develop specific criteria of evaluating physical appearance such as a flat abdomen or a small waist. Another criterion, with high impact due to social media is the so called “thigh gap” which is the presence of a space between the inner thighs when a girl stands with her feet together (Tyler, 2013). It is known as thigh gap and it can be achieved only with severe dieting and in the presence of a specific body structure.

Therefore, the teenagers’ effort of altering appearance through unhealthy practices does not come as a surprise. Body image disturbance seems to increase the risk for smoking initiation in

adolescent girls (Clark, Croghan, Reading, Schroeder, Stoner, Patten & Vickers, 2005) and is the leading cause of eating disorders (Thompson, Heinberg & Altabe, 1999). Also, dissatisfaction with weight and shape may conduct to unhealthy exercise (Holland, Brown & Keel, 2013) and substance use such as laxatives, diuretics or diet pills. In a qualitative study, Rudd and Lennon (2000) showed that teenagers who practice these behaviors are aware of their unhealthiness but they ignore this risk in order to comply with social norms of beauty. Also, they hold the belief that the body is under individual control, therefore they experience guilt if they fail to follow their routine in managing appearance (Rudd et al., 2000).

Management of appearance comes as a personal responsibility. Feminists consider that women's perceived responsibility regarding appearance is linked to the gender role. For instance, Orbach Susie, a British feminist psychotherapist who adopts the social – constructivism perspective on body image, states that women's uncomfortable relation with their bodies lies in sex inequalities. Women are socialized to acquire a particular type of body in order to be attractive for men. Orbach considers this perception being rooted in a patriarchal society, where men are expected to act and exercise control over others while women are expected to present themselves and to exercise control only in the limited home environment or toward themselves (Blood, 2005).

In adolescence, when girls are preoccupied with gaining adolescent males' attention and with being popular, controlling appearance seems crucial. A trimmed look sends messages of self-discipline and it is a way of exercising power and agency over life (Bordo, 1993 cit. in Reicher & Koo, 2004). *Power* is another key concept extensively used by feminists to explain the management of appearance. Susan Bordo argues that the body is not just a symbol that reflects social and cultural meanings but also an instrument that can be used to exert power and control over environment. Also, behavior of others as well as social relations can be influenced through managing own looks. Therefore, the physical appearance can reflect the person's ability to manage own life and to exercise both self-control and control in the social context. Even though girls are aware that that a body in accordance with the social norms has plenty of benefits in the social arena, they also learn that self-control is a necessary cost. In this context, self-regulatory behaviors such as dieting and weight control are perceived as normal behaviors (Reicher et al., 2004).

If in traditional communities, the management of the appearance is dictated by the women's role in different life stages, modern society rather emphasizes women's agency in managing appearance (Callero, 2003). Being free to develop "personalized looks" poses risks in

terms of vulnerability to recipes of success promoted through consumer culture. This phenomenon is obvious among teenage girls, whose identity is not well defined yet.

Together, all these facts draw attention toward the relevance of body image for teenage girls and the need to understand the motives that lie behind the high amount of attention directed toward appearance.

Body image (dis)satisfaction: cognitive and emotional correlates

The strong connection between self-esteem and body image has been widely documented. For instance, Goldenberg, McCoy, Pyszczynski and Solomon (2000) showed that a high body satisfaction significantly contributed to self-esteem. The authors combined negative versus positive feedback to a cognitive task with exposure to images of beauty promoted in media. Participants that were told that they failed in the cognitive task had higher levels of body image satisfaction compared to those who received positive feedback. Furthermore, data suggests that the variation of self-esteem during adolescence is mainly due to changes in the attitude toward body (Paxton, Neumark-Sztainer, Hannan & Eisenberg, 2006). If body image satisfaction is a relevant resource of enhancing global self-esteem among adolescents, negative feelings toward their body image, corroborated with high awareness of appearance, seems to contribute to depressive symptoms. In adolescence, girls, more than boys, experience depressive symptoms and the onset of this gender imbalance is associated with increased body image dissatisfaction as well as with eating disorders (Benas, Uhrlass & Gibb, 2010). There is consistent evidence that girls' depressive symptoms in adolescence are predicted by body image dissatisfaction as a consequence of pubertal changes (Ferreiro, Seoane & Sena, 2014). At some extent, distress is associated with any changes that occur in our lives. The distress girls feel during puberty is doubled by a high awareness of what their bodies should become. Due to pubertal changes, girls gain fat that is usually not distributed according to the ideal thin body promoted in the media.

Perfectionism is a relevant individual risk factor in developing eating disorders and body image dissatisfaction (Bardone-Cone, Wonderlich, Frost, Bulik, Mitchell, Uppala & Simonich, 2007). Perfectionist persons set high standards in different life domains and criticize severely their performance. Initially viewed as a one-dimensional construct, perfectionism is described as having multiple dimensions (Hewitt, Flett, Besser, Sherry & McGee, 2003). Relevant in relation with body

image dissatisfaction is the distinction between social and personal dimensions of perfectionism (Hewitt, Flett, Besser, Sherry & McGee, 2003). The perception that society sets high standards for an individual (socially prescribed perfectionism) was found to be associated with thin ideal internalization, weight dissatisfaction and bulimic symptoms (Tissot & Crawther, 2008; Grammas & Schwartz, 2009). The personal dimension of perfectionism includes having high expectations directed toward oneself. In the domain of eating disorders, self-oriented perfectionism was found to be related to restrictive eating behavior and to be a relevant predictor of anorexia (Bardone-Cone, Wonderlich, Frost, Bulik, Mitchell, Uppala & Simonich, 2007). Also, Tissot and Crawther (2008) showed that self-oriented perfectionism strengthens the relation between socially prescribed perfectionism and thin ideal internalization.

Being over-concerned with weight and shape can lead to misinterpretations of body related information. Distortions of weight are common features in anorexia (Collins, 1987). To a lower extent, they are also encountered among persons without eating disorders (Bergstrom, Stenlund & Svedjehall, 2000). First considered perceptive dysfunctions, distortions of weight and shape are recognized to be generated and maintained by cognitive biases such as attention bias or selective interpretational biases. Mussap, McCabe and Ricciardelli (2008) illustrated that errors in body size estimation were predicted by concerns with appearance. The evaluation of body weight is frequently inaccurate. Brener, Eaton, Lowry and McManus (2004) showed that almost half of underweight adolescents considered their weight were normal while almost half of normal weight girls thought they were overweight. McCabe, Ricciardelli, Sitaram and Mikhail (2006) showed that overestimation of body size was predicted by depression and by social and media influences.

Body image (dis)satisfaction: interpersonal and social correlates

When puberty sets in early or when the thin models of beauty are reinforced by significant others, girls are vulnerable in developing negative feelings toward themselves. The question of why the attitude toward body image has such a strong impact on general well-being can be answered only by taking into consideration the sociocultural meanings of appearance. As Fredrickson, Hendler, Nilsen, O'Barr and Tomi-Ann Roberts (2011) mentioned "teenage girls are all about their bodies. And when they were not, the world around them was" (p. 693). Along with serving biological functions, the physical body, through appearance, sends messages about the social status, the affiliation to a group and even personality traits.

Peers play an important role in the development of body image dissatisfaction (Littleton & Olledick, 2003) and their criticism toward one's body has a significant contribution to the internalization of thin ideal (Jones, Vigfustottir & Lee, 2004). Social interactions between adolescents create a context where thin ideal is promoted and reinforced while failure to attain a perfect body is severely penalized through teasing, negative feedback and even social exclusion (Jones & Crawford, 2006). The general belief among adolescent girls is that an attractive person is more socially desirable compared to an unattractive one. For instance, in a cross-sectional study, Xie, Li, Boucher, Hutchins and Cairns (2006) brought evidence that in early adolescence, attractiveness is considered the most important contributor to popularity. Moreover, it was found that attractiveness can diminish the effect of negative social behavior on popularity. Similarly, Rosen and Underwood (2010) documented that facial attractiveness influenced how aggressive teenagers were perceived. If aggressive, those with low facial attractiveness were perceived as being less popular compared to those with high facial attractiveness.

In adolescence, conversations about appearance management and fat reduction are frequent topics. A significant amount of studies documented an association between 'fat talk' and body image dissatisfaction (Tompkins, Martz, Rocheleau & Bazzini, 2009; Compeau & Ambwani, 2013). It has been suggested that adolescents who engage in those types of conversations are not necessarily preoccupied with appearance, but they are rather concerned with group acceptance and social integration (Tompkins et al., 2009). The involvement in general conversations about appearance leads to the spread of body image concerns and body dissatisfaction among teenagers by activating the internalization of thin ideal (Jones et al. 2004). Also, for adolescent girls, body image satisfaction is significantly connected to social competencies (Jones, 2004). Overweight teenagers and those who are visibly physical different receive more frequent negative feedback related to appearance compared to normal weight persons. This conveys the message that, in order to be socially accepted you have to look good.

On the other hand, having friends is a protective factor against the development of negative feelings directed toward their own body when it fails to conform to the standards of beauty (Caccavale, Farhat & Iannotti, 2012). Jones (2004) pointed that, for girls, body image is a much more social phenomenon compared to boys. The author examined the contribution of body talk, social acceptance and body ideal internalization in the development of body image dissatisfaction. While for girls, body talk and social acceptance were relevant contributors, for boys only the internalization of the ideal body image mattered. Therefore, the belief that a perfect body increases

the chances for social acceptance is not surprising among girls. They develop a culture of “appearance based acceptance” (Jones, 2004, p.824) with specific standards of beauty, standards that are irrational for others, such as the most recent so called thigh gap. In this context, the attitude toward their own body is dependent on the extent that a girl fits the social standards of beauty and considers these standards important.

Social context reinforces the media effects or favor the development of unrealistic expectations toward their own body. Significant others send messages regarding appearance expectations and standards. Parents, siblings, and peers influence attitudes toward appearance through direct comments, teasing or modeling. The girls’ attitude toward appearance is initially copied from the mother who models the relevance of appearance. Studies show that mothers’ concerns with her own appearance relate to her daughters’ development of dissatisfaction, eating disorders and thin ideal internalization (Meesters, Muris, Hoefnagels & Gemert, 2007). The mother is the one who offers frequent negative feedback and encourages weight control (Kluck, 2012). The author show that parents attitude toward children’s appearance becomes more negative as they grow older. Their purpose is to encourage weight loss. Usually parents are not aware of the negative consequences of criticizing a teenager’s weight or appearance.

Parents provide positive feedback as well. The influence of positive feedback on body image satisfaction is a subject of debate, studies showing that positive feedback can also be detrimental. For instance, Herbozo, Menzen and Thompson (2013), in a cross-sectional research, concluded that for teenagers with some levels of body dissatisfaction, positive feedback had a negative effect. They speculated that this type of feedback might draw attention toward the relevance of appearance and activate negative emotions.

Body image (dis)satisfaction: Objectified body image and cultural thin ideal

A particularity that favors the belief that appearance is an instrument in social relations is the women’s tendency to perceive the body as an aesthetic object that should be displayed rather than to focus on the functions of the body. The importance of the aesthetic aspect of different body parts, especially in social contexts, gives voice to the belief that the body is an object whose value is based on appearance. The phenomenon was conceptualized under the name of *Objectified Body Consciousness Theory* (Fredrickson & Roberts, 1997). Direct consequences of this belief are frequent

body surveillance, shame and the illusion that appearance can be controlled. Being used to think of the body in terms of how it appears to others, girls frequently scan their appearance in search for flaws. Socialized to rather dislike their body, girls will not focus on the beautiful features but on the unattractive ones. As a direct effect, when interacting with others, they feel anxious and ashamed because they somehow expect others to adopt the same critical position.

Studies confirm that when the body is objectified, girls are more sensitive to others feedback and rely on it when assessing own appearance. Fea and Brannon (2006) showed that, in this case, any positive comment influences the participant's mood by providing reassurance of their appearance. If the positive feedback is not received, they conclude they are unattractive. For example, in body dysmorphic disorder (i.e. characterized by distress with an imagined or slight defect in appearance) both self-evaluation and the perceived evaluation from others are rather negative. In contrast, in the context of a healthy body image, even if self-evaluation of appearance is negative, teenagers consider they are rather positively evaluated by others (Anson, Veale & Silva, 2012). Thus, when considering body image dissatisfaction as a risk factor for unhealthy behaviors, it is more valuable to measure the fear of negative appearance evaluation instead of the personal opinion toward their own body (Choi, Leshner & Choi, 2008). Starting as a social issue, the management of appearance becomes a personal battle. The neglect of the internal symptoms, correlated with the need to control the image, encourages frequent diet or other risk behaviors.

One mechanism through which adolescents develop body image concerns especially in social contexts is thin ideal internalization, with studies showing that adolescent girls are especially influenced by the cultural thin ideal (Groesz, Levine & Murnen, 2002). Thompson and Chad (2002) showed that girls with appearance anxiety would like a much thinner body compared to those with low levels of anxiety. The pathological relation with the body is developed and reinforced in a society that promotes models of success mostly impossible to attain. Then, the normal physical development of the woman's body puts her further from the ideal body.

Another mechanism that is proposed to explain the association between viewing models of beauty the development of body image dissatisfaction and appearance anxiety is the social comparison process. We usually compare ourselves with others for many reasons: self-evaluation, self-development or self-enhancement (Myers & Crowther, 2009). The targets in social comparison are chosen based on similarities. When comparing our own appearance, this rule does not apply. Although far from the normative standards, the thin ideal promoted in the media is considered a

relevant goal. The reason behind this is the frequent natural exposure to such images which makes them highly available. It was showed that even a short presentation of thin models leads to increases in body image dissatisfaction. The effect is higher for girls that are overweight, are frequently on a diet, have a low self-esteem or high pre-existing levels of body image dissatisfaction (Want, 2009).

However, there are also teenagers who develop a critical discourse about media images of beauty. In experimental designs where participants had to analyze the appearance of the models, the effect on body image dissatisfaction was lower than in experiments where participants were given distracter processing instructions (Want, 2009). Also, Yamamiya, Cash, Melnyk and Posavac (2005) illustrated that visualizing thin models does not lead to body image dissatisfaction if girls are asked to develop arguments against the thin models. The effectiveness of resistance is dependent on holding critical media skills in order to be able to undermine the credibility of the images. The development of critical media skills is an important objective in prevention programs. Still, as long as society penalizes unattractive and overweight women, these prevention programs have a small benefit on the long term (Donaghue and Clemitshaw (2012).

Body image and Romanian adolescents

There is a growing data pool on body image and weight related concerns among Romanian adolescents. For example, Health Behavior in School Aged Children (HBSC) is a WHO collaborative cross-national study that collects data every four years on 11-, 13- and 15-year-old boys' and girls' health, health behaviors and well-being. It has also extensive data on eating patterns, dieting and body image problems among adolescents (Currie et al., 2012). The 2009/2010 Romanian HBSC data reports that girls were increasingly unsatisfied with their body adiposity as they grew up: while 19.5% of the 11 years old girls perceived themselves as being too fat, 27% of their 15 year-old counterparts believed the same thing. More importantly, in the HBSC Romanian sample, 20% of the girls believing they were too fat had, in fact, *a BMI falling within the normal range*. Therefore, feeling fat may be a result of the culturally prescribed ideal of thinness/beauty without necessarily having a relationship with the actual body size. These body image problems go hand in hand with pronounced body dissatisfaction, which in turn, proves predictive for using maladaptive strategies to control ones weight. Indeed, in the 13-15 years-old Romanian girls' samples, an average rate of 15% of the girls were 'disappointed with body', 9% 'hated' their body, and 10% were 'annoyed'

with their body. As a result, an average of 15% of the 11-15 years old was on a diet at the time of the HBSC study with 7% of the girls having been dieting for 5 times or more. Whereas most of the girls preferred classical ways of controlling their weight (exercising, eating smaller portions, drinking more water etc.), it is worrisome that 21% of those aged 11-15 stated that they restricted intake of foods from certain categories, 5% used purging, 3% used pills and 4% were smoking in order to lose weight (Tăut, unpublished).

Some other studies with Romanian adolescents point to similar conclusions. One of our studies explored the developmental patterns of body image, as well as the individual and social factors that contribute to the development of the attitude towards body image. We used a cross-sectional design and surveyed a sample of 250 girls, aged 15-20 coming from urban areas. Our results showed that satisfaction with appearance varied across age such as older adolescent girls were more satisfied with appearance compared to younger girls. Conversely, younger adolescents internalized to a higher extent the thin ideal. We also found that thin ideal internalization moderated the relation between weight and body image satisfaction. Girls who considered this standard relevant were more dissatisfied when having a higher weight compared to girls who did not value a very thin body. These results suggest that a more critical attitude toward media models might lead to a positive body image. (Nanu, Tăut & Băban, 2013).

In order to explore social factors associated to body image, we focused on appearance related feedback from significant others and on body talk as relevant contributors to the development of body image. The participants were 119 girls, aged 15-19 years old and the study was cross-sectional. We assessed the frequency of appearance related feedback and the frequency of getting involved in conversations regarding management of appearance. Both feedback and body talk were related to body image satisfaction. Adolescent girls who frequently participated in appearance related conversations were rather dissatisfied with their appearance. The relation was significant for both positive - as well as for negative valence appearance conversation. Also, thin ideal internalization mediated between general conversations about appearance and body image dissatisfaction, pointing it as a potential mechanism behind the relationship. Therefore, our results showed that body talk leads to body image dissatisfaction only if a girl adopts the thin ideal as a personal standard (Nanu, Tăut & Băban, 2013). However, feeling socially accepted had also relevant influence in the relationship between negative feedback and body image satisfaction, pointing it as another potential mechanism. Therefore, girls, who stated they received frequent appearance related negative feedback, but had friends and were accepted by the others, had a higher

satisfaction with body compared to those that reported they were not socially accepted (Nanu, Tăut & Băban, 2013).

Concluding remarks

It is obvious that body image concerns in adolescence cannot be ignored. Among adolescent girls, appearance is a relevant way of expressing identity. Teenage girls are highly aware of their appearance once they enter puberty and they understand that the body is a strong instrument in social relations. In this context, perhaps the most worrisome aspect is that media is the main voice asserting meanings to different body shapes. Through media, clear norms of how girls should look like, what should they eat and what products could be used to improve appearance are transmitted. The purpose of these standards is not just to make girls more likeable but also to conform to cultural norms of beauty, just like one has to conform to other cultural standards as well (in terms of food habits, family relations, position in society etc.).

Also, media inoculates the belief that we can control appearance and we can be as aggressive as we want if the purpose is to achieve perfection. The society reinforces these beliefs by associating beauty with success and severely penalizing failure. In a society with increasing rates of obesity, parents are concerned about their children weight and often verbalize this concern by giving messages about weight control, dieting and the relevance of being thin. A teenager, for whom health is not perceived as a relevant concern, attributes these messages to the importance of appearance for a successful life. In this matter, the best practice to promote a positive body image might be to actually ignore the image and focus on the functions of the body. While this strategy is frequently used by elderly people, it might be beneficial for teenagers also. Indeed, studies show that physical activity has positive effects on self-esteem and on body image (Lyu & Gill, 2012).

Empirical data as well as theoretical approaches mentioned in this paper do suggest that there is no simple causal relation between the physical body and satisfaction with appearance.

Feelings about the physical body are influenced by cultural representations of beauty, by the gender roles, and by how an individual creates meanings around body image. Along with individual interventions, public health institutions should develop programs for educating the society to question and reconsider the value of appearance.

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